

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90103 042 ***150.00

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DOCUMENT # P02000028976

1. Entity Name
PAPER & CONCEPT INC.



Principal Place of Business
718 PALERMO AVENUE
CORAL GABLES FL 33134

Mailing Address
718 PALERMO AVENUE
CORAL GABLES FL 33134

2. Principal Place of Business
204 Aragon Ave

3. Mailing Address
204 Aragon Ave

Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State
Coral Gables FL

Zip 33134 **Country** USA

Zip 33134 **Country** USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SEGURA, GISELLE M
718 PALERMO AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

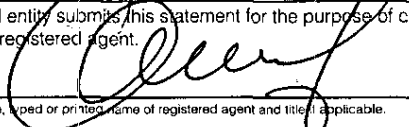
Name
SEGURA, GISELLE M.

Street Address (P.O. Box Number is Not Acceptable)
204 Aragon Avenue

City & State
Coral Gables FL

Zip Code
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **GISELLE M. SEGURA** **4/3/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SEGURA, GISELLE M 718 PALERMO AVENUE CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEGURA, GISELLE M 204 ARAGON AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **GISELLE M. SEGURA** **4/3/03** **305 476 9810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)