2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P02000050480

Mailing Address

13218 SW 131 STREET

DOCUMENT # 1. Entity Name

Principal Place of Business

13218 SW 131 STREET

SIGNS SUPPLY CORP.

FILED Mar 31, 2003 8:00 am **Secretary of State**

03-31-2003 90834 001 *****8.75 03-31-2003 90834 002 ***150.00

MIAMI FL 33186 **MIAMI FL 33186** 2. Principal Place of Business 3. Mailing Address 132 18 SW 131 St Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number £626706-PF IMAIH 0*610*0 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FURNISS, LAWRENCE D Street Address (P.O. Box Number is Not Acceptable) 12825 SW 112 TERRACE **MIAMI FL 33186** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE Delete TITLE ☐ Change FURNISS, LAWRENCE D NAME NAME 12825 SW 112 TERRACE STREET ADDRESS STREET ADDRESS **MIAMI FL 33186** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME CUETO, HUGO C NAME STREET ADDRESS **MANUEL DOMINGUEZ 5060** STREET ADDRESS CITY-ST-ZIP ASUNCION PY PARAG-UAY CITY-ST-ZIP VΡ Delete TITLE ☐ Change ☐ Addition NAME FURNISS, ANA E NAME STREET ADDRESS STREET ADDRESS 12825 SW 112 TERRACE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 ۷P Delete TITLE ☐ Change ☐ Addition NAME cueto, mirthi l NAME STREET ADDRESS STREET ADDRESS **MANUEL DOMINGUEZ 5060** CITY-ST-ZIP ASUNCION PY PARAG-UAY CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 attachmen