

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91444 008 ***150.00

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1. Entity Name
AMERICAN GRADUATION CORP.



Principal Place of Business
**1500 SE 3RD CT. SUITE 111
DEERFIELD BCH FL 33441**

Mailing Address
**1500 SE 3RD CT. SUITE 111
DEERFIELD BCH FL 33441**



2. Principal Place of Business

5010 K Lighthouse Cr.

3. Mailing Address

5010 K Lighthouse Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Coconut Creek, FL

City & State

Coconut Creek, FL

4. FEI Number

75-3056247

Applied For

Not Applicable

Zip

33063

Country

Florida

Zip

33063

Country

Florida

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NOGUEIRA, JOAO MARCELO R
1500 SE 3RD CT, SUITE 111
DEERFIELD BCH FL 33441**

7. Name and Address of New Registered Agent

Name

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

5010 K LIGHTHOUSE CR.

City

COCONUT CREEK

FL

Zip Code

33063

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.

(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 **PD** ☐ Delete
NAME **NOGUEIRA, JOAO M**
STREET ADDRESS **RUA RIO NEGRO #425, SANTA FE, PARANA**
CITY-ST-ZIP **BRAZIL, CEP: 86770-000**

TITLE **VD** ☐ Delete
NAME **FAVARIN, SIMONE A**
STREET ADDRESS **RUA RIO NEGRO #425, SANTA FE, PARANA**
CITY-ST-ZIP **BRAZIL, CEP: 86770-000**

TITLE **STD** ☐ Delete
NAME **DE JESUS KOWARSCH, CARLA P**
STREET ADDRESS **RUA PADRE GERMANO JOSE MAYER #810**
CITY-ST-ZIP **BRAZIL, CEP: 87010-280**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/28/03

CR2E034 (10/02)