

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90976 009 ***150.00

DOCUMENT # P02000056259

1. Entity Name
DESIGNER GRAPHIC SERVICES, INC.



Principal Place of Business
2844-T STIRLING ROAD
HOLLYWOOD FL 33020

Mailing Address
2844-T STIRLING ROAD
HOLLYWOOD FL 33020

2. Principal Place of Business

1855 GRIFFIN RD. A

3. Mailing Address

1855 GRIFFIN RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-407

A-407

City & State

City & State

DANIA BEACH, FL

DANIA BEACH, FL

Zip

Country

33004

USA

Zip

Country

33004

USA



☒ **CHECK HERE IF MAKING CHANGES**

4. FEI Number

02-0606098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD., SUITE 205
MIAMI FL 33161

Name

HARRY C. ROBERGE

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

441 NE 115 ST.

City

Miami

FL

Zip Code

33161

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

Harry C. Roberge

HARRY C. ROBERGE

4/24/03

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERGE, HARRY C		NAME		
STREET ADDRESS	441 N.E. 115 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAINSTEIN, SCOTT D		NAME		
STREET ADDRESS	224 THREE ISLAND BLVD., #306		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL 33009		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Harry C. Roberge
HARRY C. ROBERGE

4/24/03 934-929-1060

Date

Daytime Phone #

CR2E034 (10/02)