

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90478 026 ***150.00

DOCUMENT # P02000068360

1. Entity Name
SOUTHERN IMAGING SUPPLIES, INC.



Principal Place of Business
**3519 S.W. 17TH TERRACE
MIAMI FL 33145**

Mailing Address
**3519 S.W. 17TH TERRACE
MIAMI FL 33145**

2. Principal Place of Business

5262 NW 114 AV

3. Mailing Address

5262 NW 114 AV

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

47-0872020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEAL, VICTORIANO F
3519 S.W. 17TH TERRACE
MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name **VICTORIANO F. LEAL**

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

5262 NW 114 AV

#101

City

MIAMI

FL

Zip Code

33178

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.

VICTORIANO LEAL (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

02-25-03

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 **LEAL, VICTORIANO F**
STREET ADDRESS **3519 S.W. 17TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **PRESIDENT** ☒ Change ☐ Addition
NAME **VICTORIANO F LEAL**
STREET ADDRESS **5262 NW 114 AV. #101**
CITY-ST-ZIP **MIAMI FL 33178**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-25-03

Date

305-61237269

Daytime Phone #

CR2E034 (10/02)