

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

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90008 047 ***150.00

DOCUMENT # P03000028787

1. Entity Name

WORLD GRAPHIC SUPPLIER, CORP.

DO NOT WRITE IN THIS SPACE

24078504

2. Principal Place of Business
40 NW 18 Ave # 5

3. Mailing Address
40 NW 18 Ave # 5

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL 33125

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Miami, FL 33125

4. FEI Number
90-0062445

Applied For
Not Applicable

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

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

City

FL

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.

SIGNATURE

Signature typed or printed name of registered agent and date it applied to.

(NOTE: Registered Agent Signature is required when changing agent.)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P/S
MARIO M MORALES
40 NW 18 Ave # 5
Miami, FL 33125

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
RICARTE MORALES
40 NW 18 Ave # 5
Miami, FL 33125

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct, 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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other line entered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/03/2004

Date

Daytime Phone #

CR2E034B (12/01)

Attachment
2/10/8502

MOTION TO RECONSIDER

Miami, August 3, 2004

FLORIDA DIVISION OF CORPORATION
P O BOX 6327
TALLAHASSEE, FL

RE: P03000028787

To Whom It May Concern:

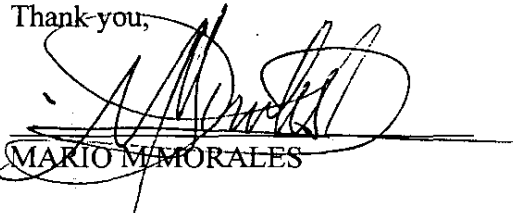
Please be advised that since no correspondence was received by the Division of Corporation prior to May 1, 2004, the Annual Report was not mailed with the appropriate fee.

Furthermore, since the corporation received your postcard it was brought to our attention that the Annual Report and the fee of \$150.00 have to be mail.

Enclosed you'll find the Annual Report and a money order of \$150.00 to cover the corporation renewal fee.

Please apologize for this error that may have caused you delay.

Thank-you,


MARIO MORALES