

DOCUMENT # P07000059976					
1. Entity Name DON-EL PRINTING, INC.					
Principal Place of Business 863 NE 125 STREET NORTH MIAMI FL 33161			Mailing Address 863 NE 125 STREET NORTH MIAMI FL 33161		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		6. Name and Address of Current Registered Agent			
KATZ, VALERIE 863 NE 125 STREET NORTH MIAMI FL 33161				Name	
				Street Address	
				City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent to the following address:					
SIGNATURE					
NOTE: Registered Agent signature required.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZ, VALERIE 863 N E 125TH STREET NORTH MIAMI FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KATZ, DONALD 863 N E 125TH STREET NORTH MIAMI FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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1st MOORE CR2E034 (10/07)

4. FEI Number	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

KATZ, VALERIE
863 NE 125 STREET
NORTH MIAMI FL 33161

Name _____

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

Civ

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. I am familiar with, and accept the obligations of registered agent.

~~SIGNATURE~~

Sign 11 - 1st bed for shared bath - 1st floor - 1st bed

NOTE: Registered Agents conduct business with you confidentially.

DATA

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 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
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> De/cto
NAME	KATZ, VALERIE	
STREET ADDRESS	863 N E 125TH STREET	
CITY-STATE	NORTH MIAMI FL 33161	

TITLE	ST	<input type="checkbox"/> De elf
NAME	KATZ, DONALD	
STREET ADDRESS	863 N E 125TH STREET	
CITY - ST - ZIP	NORTH MIAMI FL 33161	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

10:1	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	<input type="checkbox"/> Delegate
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	000000891188	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	04/15/09-80089-014	150.00	
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

FILE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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11/15/2019