

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000008276**

1. Entity Name

PROGRAF SALES & SERVICE, INC.

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90033 049 ***150.00

Principal Place of Business

2655 LE JEUNE ROAD
SUITE 909
CORAL GABLES FL 33134

Mailing Address

2655 LE JEUNE ROAD
SUITE 909
CORAL GABLES FL 33134

2. Principal Place of Business

3191 Coral Way

Suite, Apt. #, etc.

Suite 614

City & State

Miami, FL

Zip

33145

Country

USA

3. Mailing Address

3191 Coral Way

Suite, Apt. #, etc.

Suite 614

City & State

Miami, FL

Zip

33145

Country

USA

4. FEI Number

65-0389258

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

OLLE, DENNIS J
ADORNO & ZEDER, PA
2601 SOUTH BAYSHORE DR, SUITE 1600
MIAMI FL 33131

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **DP** ☒ Delete
NAME **BAHRMANN, RALF**
STREET ADDRESS **2655 LE JEUNE RD, SUITE 909**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **DVPT** ☐ Delete
NAME **LINGAT, PETER**
STREET ADDRESS **2655 LE JEUNE RD, SUITE 909**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

12. 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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 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 #

0213275 AV

CR2E034 (9/01)