## 2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 3229 32 WAY

WEST PALM BEACH FL 33407-6713

## DOCUMENT # P93000030258

Entity Name

3229 32 WAY

Principal Place of Business

WEST PALM BEACH FL 33407

SIGNATURE:

DOWNTOWN GRAPHICS, INC.

Principal Place of Business     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State	 0	City & State	City & State			El Number <b>65-0406469</b>	<u> </u>	plied For t Applicable		
Zip	Country	Zip	Country						8.75 Additional ee Required	
	6. Name and Address of Curre	nt Registered Agent			7. N	lame and Address of New Re	gistered A	gent		
	<del></del>			Name						
LOVOI, RAYMOND 3229 32 WAY WEST PALM BEACH FL 33407				Street Address	(P.O. Bo	(P.O. Box Number is Not Acceptable)				
				City		<u> </u>	FL	Zip Code	,	
CICNIATURE	named entity submits this statement			ed office or registe			rida. DATE			
Tax filing requirement and elects to do so After			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 e Check Payable to Department of Stat			10. Election Campaign Fin. Trust Fund Contribution		Ädded	O May Be I to Fees	
11.				. ADDIT		DITIONS/CHANGES TO OFFI	CERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP			ITILE VAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		1	i				Change	Addition	
TITLE NAME STREET ADDRESS- CITY-ST-ZIP					- <del>-</del>			☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•					☐ Change	Addition	
indicated of the cor	Certify that the information supplied of the control of the contro	t is true and accurate and the npowered to execute this rep	at my signa ort as requi	ture shall have th	e same l	legal effect as it made under o	oath: that I a	am an officer	or director	

**FILED** 

Jan 19, 2000 8:00 am Secretary of State

01-19-2000 90216 036 \*\*\*150.00

1-10-00 (561)832-1680