

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035248

1. Entity Name

EXQUISITE GRAPHIC DESIGN, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90017 031 ***158.75

Principal Place of Business
5 MATADOR LANE
DAVIE FL 33324
US

Mailing Address
P.O. BOX 848638
PEMBROKE PINES FL 33084-0638
US

2. Principal Place of Business
1331 SW 129th Way

3. Mailing Address
Suite, Apt. #, etc.

City & State
Davie, FL.

City & State

Zip
33325

Country
US

Zip

Country

4. FEI Number
65-0552322

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HERNANDEZ, RUBEN
5 MATADOR LANE
DAVIE FL 33324

7. Name and Address of New Registered Agent
Name
HERNANDEZ RUBEN
Street Address (P.O. Box Number is Not Acceptable)
1331 SW 129th Way
City
Davie FL Zip Code
33325

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 Ruben Hernandez 4/8/2000
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, YVETTE		NAME		
STREET ADDRESS	P.O. BOX 848638 N/A		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33084		CITY-ST-ZIP		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, RUBEN		NAME		
STREET ADDRESS	P.O. BOX 848638 N/A		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33084		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ruben Hernandez 4/8/2000 954-424-8385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #