

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90067 046 ***150.00

DOCUMENT # P94000035248

1. Entity Name
EXQUISITE GRAPHIC DESIGN, INC.

Principal Place of Business

**1331 SW 129TH WAY
 DAVIE FL 33325
 US**

Mailing Address

**P O BOX 550698
 FORT LAUDERDALE FL 33355
 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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
 1331 SW 129TH WAY
 DAVIE FL 33325**

7. Name and Address of New 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 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	VSD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, YVETTE	
STREET ADDRESS	P.O. BOX 848638 N/A	
CITY-ST-ZIP	PEMBROKE PINES FL 33084	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, RUBEN	
STREET ADDRESS	P.O. BOX 848638 N/A	
CITY-ST-ZIP	PEMBROKE PINES FL 33084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ YVETTE	
STREET ADDRESS	P.O. BOX 550698	
CITY-ST-ZIP	FT. LAUDERDALE FL 33355	
TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ RUBEN	
STREET ADDRESS	P.O. BOX 550698	
CITY-ST-ZIP	FT. LAUDERDALE FL 33355	
TITLE		<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-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 (RUBEN HERNANDEZ) 2/22/02 (954) 424-8385
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)