

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90349 022 ***150.00

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DOCUMENT # P94000052239

1. Entity Name

INTERNATIONAL GRAPHICS, INC.



Principal Place of Business
3585 MYSTIC POINTE DRIVE
SUITE A
AVENTURA FL 33180
US

Mailing Address
3585 MYSTIC POINTE DRIVE
SUITE A
AVENTURA FL 33180
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

65-0506117

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON AND MARKS, P.A.
1590 NE 162ND ST.
SUITE 200
N. MIAMI BEACH FL 33162

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
HIRALDO, MANUEL
3585 MYSTIC POINTE DR.-STE A
AVENTURA FL 33180 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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 #

CR2E034 (4/03)

**INTERNATIONAL
GRAPHICS**
EQUIPMENT & SUPPLIES

3585 Mystic Pointe Drive

Suite A

Aventura

Florida 33180

Tel: 305 792 2720

Fax: 305 792 2719

e-mail: hiraldo@gate.net

mailing@KrauseNS.com

Attachment

90142779

#P94000052239

Miami. July 10, 2003

Division of Corporations
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

We are sending this letter to let you know, that we haven't received any previous notice of the 2003 Uniform Business Report.

After calling to your phone No. 850 488 9000 and explaining this situation to the person in charge, we were asked to send you a letter explaining the situation and send a check on the amount of \$150.00

Cordially,



Manuel Hiraldo
President
International Graphics, Inc.