

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT #** P94000078401

1. Entity Name

EXECUTIVE GRAPHICS, INC.

Principal Place of Business

3361 SW THIRD AVENUE
MIAMI, FL 33145

Mailing Address

3361 SW THIRD AVENUE
MIAMI, FL 33145

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

65-0531749

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JENNIFER BEBER
3361 SW THIRD AVENUE
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name
IVOR J. BAMBERGER
Street Address (PO Box Number is Not Acceptable)
3361 SW Third AvenueCity
Miami FL Zip Code
33145

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 (only if registered agent and file is applicable)

(NOTE: Registered agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so
(See criteria on back) ☐10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P JENNIFER BEBER 3361 SW THIRD AVENUE MIAMI, FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IVOR BAMBERGER 3361 SW THIRD AVENUE MIAMI, FL 33145	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 I. J. BAMBERGER (305) 856-9800

Date

Daytime Phone #

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90316 014 ***150.00

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DO NOT WRITE IN THIS SPACE