


# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

|  |   |
|--|---|
| DOCUMENT # <b>F94000080119</b>                               |  |
| 1. Entity Name<br><b>N&amp;J Graphics AND PRINTING, INC.</b> |   |

FILED  
CLERK OF STATE  
OFFICE OF CORPORATIONS  
04 MAR -4 AM 8:47

**DO NOT WRITE IN THIS SPACE**

|   |         |                                    |         |
|---|---------|------------------------------------|---------|
| 2. Principal Place of Business<br><b>1924 NW 9th St</b> |         | 3. Mailing Address                 |         |
| Suite, Apt. #, etc.<br><b>Fl. Laurel Tr</b>             |         | Suite, Apt. #, etc.<br><b>SAME</b> |         |
| City & State<br><b>33311</b>                            |         | City & State                       |         |
| Zip   | Country | Zip                                | Country |

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|   |   |
|---|---|
| 4. FEI Number<br><b>650532220</b>                         | Applied For<br><input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required          |

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|  |                             |
|--|-----------------------------|
| 7. Name and Address of Current Registered Agent                              |                             |
| Name<br><b>AMERI LAWREN</b>  |                             |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>343 Almeria Ave</b> |                             |
| City<br><b>Coral Gables</b>  | FL Zip Code<br><b>33134</b> |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|  |  |
|--|--|
| <b>January 1 - May 1 Fee is \$150.00</b><br><b>After May 1, Fee is \$550.00</b><br><b>Amended UBR is \$61.25</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS                     |  |  |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br><b>Jones, Noah</b><br><b>3931 NW 33rd Ave</b><br><b>Lauderdale Lakes, FL 33309</b>     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>000029884830</b><br><b>03/04/04--01031--027 **61.25</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V P</b><br><b>Jones, Arlene</b><br><b>3931 NW 33rd Ave</b><br><b>Lauderdale Lakes, FL 33309</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DO NOT WRITE IN THIS SPACE</b>                          |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Arlene Jones** **1/7/04** **3245330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)