

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000080119**

1. Entity Name

**N&J Graphics and Printing, Inc.**



FILED

03 NOV 19 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**1924 NW 9th St**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

**SAME**

City & State

**Lauderdale FL**

City & State

**SAME**

Zip

**33311**

Country

**US**

Zip

Country

4. FEI Number

**65-053270**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**AMERILAWYER**

Street Address (P.O. Box Number is Not Acceptable)

**343 Almeria Avenue**

City

**Coral Gables**

FL

Zip Code

**33134**

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**MARY SHIPMAN**  
**1500 NW 32nd Ave**  
**Fort Lauderdale FL 33311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**VP**  
**Noah Jones**  
**3931 NW 33rd Ave**  
**Fort Lauderdale FL 33311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Secretary**  
**Ariene Jones**  
**3931 NW 33rd Ave**  
**Lauderdale Lks FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Treasure**  
**Ariene Jones**  
**3931 NW 33rd Ave Laud Lks FL 33309**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**100024395691**  
**11/04/03--01015--006 \*\*70.00**

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IN THIS SPACE**

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:

**Ariene Jones**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/31/03**

**954-5245330**

Date

Daytime Phone #

CR2E034B (12/02)