2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P95000024017

1. Entity Name

GRAPHICS EXPORT INTERNATIONAL, COPR.



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90116 013 ***150.00

					OD WE	·						
Principal Place of Business 14832 LONE EAGLE DR. ORLANDO FL 32837			Mailing Address 14832 LONE EAGLE DR. ORLANDO FL 32837				1 200 (100)	1 0 1010 1 01111	- 1 88 211 88 112 88 126	ii c hi a irii se is	16 21 0 21 1 01 1 1 0 01	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		-	City & State				4. FEI Number 59-3304931		A	Applied For Not Applicabl		
Zip	Coul	ntry	Zip	Countr	у	5. (Certificate of	Status Desire		\$8.75 Ac	dditional	
	6. Name and A	ddress of Current Re	istered Agent			7. N	Name and Ad	dress of Nev	v Registered A			
					Name					<u> </u>		
RIVERA, ALICE W			Street Addre			dress (PO_B	s (P.O. Box Number is Not Acceptable)					
14832 LONE EAGLE DR.			Sheet Addies			JI C33 (1 . Q. D	5 (1.0. Sox (Millios) is Not Acceptable)					
ORLAND(O FL 32837									-		
				-	City				FL	Zip Coc	e	
8. The above	named entity submi	ts this statement for the	e purpose of changing it	ts reaistered	office or re	egistered agr	ent or both i	n the State of			and second	
the obligat	tions of registered ag	ent.		Ū		J		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ronda. rami	2011MICH 191011,	and accept	
SIGNATURE .	Signature, typed or printed	name of registered agent and ti	tle if applicable (NO	TF: Registered A	cont cianatura	required when rei	(antotion)	<u>.</u>	2476			
- 'te -			(NO	7 L. Hogisteleu A	gent signature	required when re	r	*	DATE			
	ILE NOW!!! FEE						0 Electic	n Campaign	- Financina	^ ^ ^ . .		
After	r May 1, 2003 Fee	will be \$550.00	-4-					und Contribu			00 May Be of to Fees	
	rayable to Florid	a Department of St			_						- 10 1 000	
10.	I _	OFFICERS AND DIR	ECTORS	11.		ADI	DITIONS/CH	ANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
TITLE	P		☐ Delete	TITLE						☐ Change	Addition	
NAME .	RIVERA, ALICE W			NAME								
STREET ADDRESS	14832 LONE EAC	ile DR		STREET	ADDRESS							
CITY-ST-ZIP	ORLANDO FL	-		CITY-ST	T-ZIP							
TITLE			☐ Delete	TITLE	"		<u> </u>			☐ Change	Addition	
NAME				NAME	İ	•				_ ,		
STREET ADDRESS				STREET	ADDRESS							
CITY-ST-ZIP				CITY-ST	~ZIP							
TITLE		- Magari	☐ Delete	TITLE			~			Change	☐ Addition	
NAME				NAME						_ ,	_	
STREET ADDRESS				STREET /	ADDRESS							
CITY-ST-ZIP				CITY-ST	- ZIP							
TITLE	l		☐ Delete	TITLE					<u> </u>	☐ Change	Addition	
NAME				NAME	1					_ ,		
STREET ADDRESS				STREET A	ADDRESS							
CITY-ST-ZIP				CITY-ST	- ZIP							
TITLE			☐ Delete	TITLE				-		☐ Change	Addition	
NAME				NAME						-		
STREET ADDRESS				STREET A	1							
CITY-ST-ZIP				CITY-ST-	- ZIP							
TITLE			☐ Delete	TITLE	Ţ	72.0			77.72	☐ Change	Addition	
NAME				NAME	1					5		
STREET ADDRESS				STREET A	DDRESS							
CITY-ST-ZIP				CITY-ST-	· ZIP							
2. I hereby co	ertify that the informa on this report or supp	tion supplied with this lemental report is true	filing does not qualify for and accurate and that n	r the exemp	tion stated shall have	in Section 1	19.07(3)(i), Fli gal effect as	orida Statutes f made under	. I further certif	y that the in	formation	
			ed to execute this report Il other like empowered.		by Chapte	r 607, Florida	a Statutes; ar	d that my nar	ne appears in I	Block 10 or	Block 11 if	

SIGNATURE:

Daytime Phone #