## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) DOCLIMENT #



## Feb 28, 2003 8:00 am Secretary of State

1. Entity Name SUNCOAST GRAPHICS, INC.					02-28-2003 90170 050 ***150.00		
Principal Place of Business 13960 N.W. 60TH AVENUE MIAMI LAKES FL 33014		Mailing Address 13960 N.W. 60TH AVENUE MIAMI LAKES FL 33014					
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 65-0585526 Applied For		
Zip	Country	Zip	Country		5. Certificate of Status Desired	lot Applicable dditional	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	ed	
ı I			Name		Address of New Registered Agent	<del></del> -	
KELLER, LAURENCE 13960 N.W. 60TH AVENUE MIAMI LAKES FL 33014			Street	Address (F	dress (P.O. Box Number is Not Acceptable)		
4			City		<b>□</b> Zip Coo		
8. The above	e named entity submits this statement $\hbar$ ations of registered agent.	or the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida. I am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of regulered agent	and title if applicable. (NOTI	E: Registered Agent sign	ature required v	when reinstating) DATE		
Afte	FILE NOW!!! FEE IS \$159,00 er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	f State				00 May Be d to Fees	
10.	OFFICERS AND	DIRECTORS	11,	-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	0.01.44	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT VALDES, ORLANDO 13960 N.W. 60TH AVENUE MIAMI LAKES FL 33014	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP KELLER, LAURENCE 13960 N.W. 60TH AVENUE MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Change	Addition	
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TITLE NAME STREET ADDRESS DITY-ST-ZIP		C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,   Change	Addition	

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

<del>upe re</del>quired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-821-0400