

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000046120

1. Entity Name

ULTRAGRAPH TECHNOLOGIES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90012 046 ***150.00

Principal Place of Business

Mailing Address

10330 USA TODAY WAY
MIRAMAR FL 33025
US

10330 USA TODAY WAY
MIRAMAR FL 33025-3901
US

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

65-0597353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LYON, ROBERT A
3070 ST. JAMES DR.
BOCA RATON FL 33434

Name

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

City

FL

Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete

NAME LYON, ROBERT A

STREET ADDRESS 3070 ST. JAMES DR.

CITY-ST-ZIP BOCA RATON FL 33434

TITLE VD ☐ Delete

NAME PARDO, ANTONIO

STREET ADDRESS 4285 S.W. 152ND AVE.

CITY-ST-ZIP MIRAMAR FL 33027

TITLE STD ☐ Delete

NAME WEAD, MICHAEL W

STREET ADDRESS 4321 NW 3RD ST

CITY-ST-ZIP COCONUT CREEK FL 33066

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

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STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANTONIO PARDO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/00
Date

(954)438-1717
Daytime Phone #

CR2E034 (9/99)