

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90645 027 \*\*\*150.00

DOCUMENT # *P95000063690*

1. Entity Name  
*CF GRAPHICS + PRINTING SUPPLIES, INC.*



**DO NOT WRITE IN THIS SPACE**

**14004174**

2. Principal Place of Business

*5207 RENOIR DRIVE*

3. Mailing Address

*5207 RENOIR DRIVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*ORLANDO, FLORIDA*

City & State

*ORLANDO, FLORIDA*

4. FEI Number

*59-3330260*

Applied For

Not Applicable

Zip

*32818*

Country

*USA*

Zip

*32818*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
*THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTD*

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

*343 ALMERIA AVENUE*

City *CORAL GABLES*

**FL**

Zip Code  
*33134*

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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  
*PD  
WILLIAM KUENKLE  
5207 RENOIR DRIVE  
ORLANDO, FL 32818*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*V  
VICTOR PEREZ  
5207 RENOIR DRIVE  
ORLANDO, FL 32818*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*ST  
CARMEN FLORES  
5207 RENOIR DRIVE  
ORLANDO, FL 32818*

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

*William Kuenkler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/9/2004*

Date

*407-521-1414*

Daytime Phone #

CR2E034B (12/02)