

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90207 004 \*\*\*150.00

DOCUMENT # P95000084676

1. Entity Name  
GRAPHTEC DESIGN CORP.



Principal Place of Business  
~~3435 SW 76 AVE~~ 4728 SW 74 AVE  
MIAMI FL 33155

Mailing Address  
~~3435 SW 76 AVE~~ 4728 SW 74 AVE  
MIAMI FL 33155



2. Principal Place of Business  
4728 SW 74 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
4728 SW 74 AVE  
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State  
MIAMI FL  
Zip  
33155  
Country

City & State  
MIAMI FL  
Zip  
33155  
Country

4. FEI Number 65-0628916

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GARCIA, OSCAR  
3435 SW 76 AVE  
MIAMI FL 33155

## 7. Name and Address of New Registered Agent

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. 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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	P	<input checked="" type="checkbox"/> Delete
NAME	GARCIA, OSCAR	
STREET ADDRESS	3435 SW 76 AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERDOMO, GREGORY	
STREET ADDRESS	5350 W 21 CT.	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA C. PERDOHO	
STREET ADDRESS	1511 W 42 PL	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: GREGORY PERDOMO (SECRETARY)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/03  
Daytime Phone #

CR2E034 (10/02)