

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90187 022 ***150.00

DOCUMENT # P96000003427

1. Entity Name

SOUTH FLORIDA GRAPHICS CORP.

Principal Place of Business

Mailing Address

1404 S POWERLINE RD
 POMPANO BEACH FL 33069
 US

1404 S POWERLINE RD
 POMPANO BEACH FL 33069-4300
 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

65-0639232

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

KLEIN, THEODORE J
16855 NE 2ND AVE SUITE 301
NORTH MIAMI BEACH FL 33162

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 Delete
 NAME **P**
 STREET ADDRESS **OJALVO, SALMUN C**
 CITY-ST-ZIP **2041 NE 209TH ST**
NORTH MIAMI BCH FL 33179

TITLE Change Addition
 NAME **OJALVO, SALOMON C**
 STREET ADDRESS **2001 NE 214TH TERRACE**
 CITY-ST-ZIP **NORTH MIAMI BCH FL 33179**

TITLE Delete
 NAME **VP**
 STREET ADDRESS **OJALVO, DORITA**
 CITY-ST-ZIP **2041 NE 209TH ST**
NORTH MIAMI BCH FL 33179

TITLE Change Addition
 NAME _____
 STREET ADDRESS **2001 NE 214TH TERRACE**
 CITY-ST-ZIP **NORTH MIAMI BCH FL 33179**

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE Delete
 NAME _____
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/00

CR2E034 (9/99)