

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90002 008 ***150.00

DOCUMENT # P96000003427

1. Entity Name
SOUTH FLORIDA GRAPHICS CORP.

Principal Place of Business 1404 S POWERLINE RD POMPANO BEACH FL 33069 US	Mailing Address 1404 S POWERLINE RD POMPANO BEACH FL 33069 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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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 KLEIN, THEODORE J
Street Address (P.O. Box Number is Not Acceptable) 88 N.E. 168 STREET
City NORTH MIAMI BEACH FL Zip Code 33162

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]* DATE 1/30/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	OJALVO, SALOMON C		
2001 NE 214TH TERR	2001 NE 214TH TERR		
NORTH MIAMI BCH FL 33179	NORTH MIAMI BCH FL 33179		
VP	OJALVO, DORITA		
2001 NE 214TH TERR	2001 NE 214TH TERR		
NORTH MIAMI BCH FL 33179	NORTH MIAMI BCH FL 33179		

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 empowerment.

SIGNATURE: *[Signature]* **SALOMON OJALVO** DATE 1/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **954-917-0606**

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CR2E034 (10/00)