work: 305-263-1451

home: 305-626-8652

Daytime Phone #

March 27, 2001

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE

PED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** Apr 11, 2001 8:00 am Secretary of State DOCUMENT # **P96000006981** ACCUGRAPHICS, INC. 04-11-2001 90072 001 \*\*\*150.00 Principal Place of Business Mailing Address 900AXWEST FLAGLER STX 201 ALHAMBRA CIRCLE MIAMDER 23130x SUITE 711 UUU34250 CORAL GABLES FL 33134 18903 N.W. 56 Court Miami, FL 33055 USA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 18903 N.W. 56 Court City & State City & State 4. FEI Number Applied For 65-0639520 Miami, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 33055 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZERO 34 REGISTRATION CORP. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE **SUITE 711** CORAL GABLES FL 33134 Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (10/00) ☐ Addition XX Change CHADRAX OR LANDOX # NAME NAME Cuadra, Orlando J. 900A WEST FLAGLER STREET STREET ADDRESS STREET ADDRESS 18903 N.W. 56 Court CITY-ST-7IP MAMKRIXX CITY-ST-ZIP Miami, FL 33055 TITLE ☐ Delete TITLE VD √√√ Change Addition REREZXROBERIX NAME NAMS Perez, Robert 18903 N.V. 56 Court 900A-WEST-FLAGLER-STREET. STREET ADDRESS STREET ADDRESS MAMKELXX CITY-ST-ZIP CiTY-ST-ZIP Miami, FL 33055 TITLE ☐ Delete TETLE XX Change ☐ Addition REREZXMARIA NAME NAME Perez, Maria 900A:WEST:FLAGLER:STREET: STREET ADDRESS STREET ADDRESS 18903 N.W. 56 Court CITY-ST-ZIP MIAMIKELXX CITY-ST-ZIP Miami, FL 33055 TITLE ☐ Delete TITLE XX Change ☐ Addition GUADRAX GARMEN\*XX NAMS NAME Cuadra, Carmen 18903 N.W. 56 Court 900A:WEST-FLAGLER:STREET.X STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MANKELXX Miami, FL 33055 CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP Delete TITLE [] Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expert 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.