

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90292 013 ***150.00

DOCUMENT # P96000011371

1. Entity Name

LITIGATION GRAPHIX SERVICES, INC.

Principal Place of Business

200 S BISCAYNE BLVD
 STE #2710
 MIAMI FL 33131
 US

Mailing Address

200 S BISCAYNE BLVD
 STE #2710
 MIAMI FL 33131
 US

2. Principal Place of Business

155 S. Miami Ave

Suite, Apt. #, etc.

Suite 1120

City & State

Miami FL 33130

Zip

33130

Country

USA

3. Mailing Address

155 S. Miami Ave

Suite, Apt. #, etc.

Suite 1120

City & State

Miami FL

Zip

33130

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0634420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SOBEL, PETER N
 10360 SW 103RD CT.
 MIAMI FL 33176

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

of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent, 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, 2002 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

TITLE NAME	D SOBEL, PETER N	<input type="checkbox"/> Delete
STREET ADDRESS	10360 SW 103RD CT.	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE NAME	VP RUIZ, MARCO	<input type="checkbox"/> Delete
STREET ADDRESS	1150 BRICKELL AVE. APT. 411B	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Pres.

Date

Daytime Phone #

CR2E034 (9/01)