

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 04, 2002 8:00 am**  
**Secretary of State**

09-04-2002 90091 042 \*\*\*150.00

**DOCUMENT # P96000012231**

1. Entity Name  
**ASAP GRAPHICS, INC.**

Principal Place of Business  
**2519 TORTUGAS LN**  
**FORT LAUDERDALE FL 33312**  
**US**

Mailing Address  
**2519 TORTUGAS LN**  
**FORT LAUDERDALE FL 33312**  
**US**



2. Principal Place of Business  
**500 SW 21 St. Teer.**  
 (Suite, Apt. #, etc.)  
**B102**

3. Mailing Address  
**500 SW 21 Teer.**  
 Suite, Apt. #, etc.  
**B102**

City & State  
**Ft. Lauderdale, FL**

City & State  
**Ft Lauderdale, FL**

4. FEI Number  
**65-0590496**

Applied For  
 Not Applicable

Zip  
**33312**

Country  
**Broward**

Zip  
**33312**

Country  
**Broward**

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**

**FRIEDMAN, AMES M**  
**2519 TORTUGAS**  
**FORT LAUDERDALE FL 33312**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>0</b> <b>FRIEDMAN, AMES</b> <b>2519 TORTUGAS LN</b> <b>FORT LAUDERDALE FL 33312</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 REQUIRED **8/26/02** **954 792-8185**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

*Attachments*

**ASAP GRAPHICS**  
**500 SW 21 TERR. SUITE B102**  
**FT. LUADERDALE, FL 33312**  
**954-792-8155 FAX 954-792-5440**

*# 196000012231*

August 26, 2002

Department of state  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: Corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I never received the notice and only found out about it when my corporation taxes were being prepared. The penalty will create a hardship for m business and ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2002.

Thank you very much for your help and understanding.

Sincerely,



Ames Friedman