

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 96000069052
 1. Entity Name
 A.C.M. SCREEN PRINTING, INC.

Principal Place of Business
 2006 NW 21 ST ST.
 MIAMI-FL 33142-7316

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

FILED
 01 JUL 12 AM 8:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

98-01 UBR
 4. FEI Number
 65-0691505
 Applied For
 Not Applicable
 5. Certificate of Status Desired X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LUIS P. GUTIERREZ
 1611 NW 19th St #1
 MIAMI-FL 33125

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

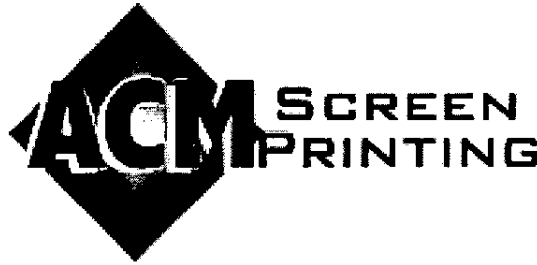
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE *[Signature]* DATE 6/14/2001
 (NOTE: Registered Agent signature required when reinstating)

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	
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
P LUIS GUTIERREZ 1611 NW 19th St. #1 MIAMI-FL 33125		400004481804 -07/18/01--01001--013 ****608.75 ****608.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
S MARIA MORENO 1611 NW 19th St. #1 MIAMI-FL 33125			
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"/> 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"/> Delete	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]* DATE 4/29/01 305-673-3532
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



2006 N.W. 21 Street
Miami, FL 33142

June 14, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Michelle Milligan

Subject: ACM Screen Printing
Ref. Number: P96000069052

Dear Sir or Madam:

We have received your letter stating (Letter Number: 201A00035410) that our company's certificate of authority was revoked due to our failure to file our 1998 corporate annual report/uniform business report form. ~~We sincerely apologize for not~~ compiling with the laws and regulations of the State of Florida but we are not at fault for failing to file our report. Our company has not filed a report since 1998 because a statement and/or billing inquiry from your offices was never received. We are not at fault for not being notified that a fee was due to your offices.

We have contacted your offices and spoken to one of your representatives. The current situation regarding the revoke of our certificate was discussed and a fair solution was reached. Your representatives told us to pay \$150 for each year ranging from 1998 up until 2001 and to waive the \$600.00 reinstatement fee. Therefore, we are including a check for \$608.75, which includes \$150 for the years ranging from 1998 to 2001 and an additional \$8.72 for the certificate of status request.

Thank you for your time and patience. Also a great deal of gratitude is due to your office for cooperating with us and allowing us to come to a fair agreement regarding this matter. If you have any questions, you can contact our offices anytime at (305) 547-1522.

Sincerely

A handwritten signature in black ink, appearing to read 'Luis Gutierrez', is written over a large, stylized circular flourish.

Luis Gutierrez

PG 2002