

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90008 025 ***150.00

DOCUMENT # P96000069682

1. Entity Name
ARISTA GRAPHICS, CORPORATION

Principal Place of Business 14800 S W 104TH STREET #5 MIAMI FL 33196 US	Mailing Address 10201 HAMMOCKS BLVD 153-291 MIAMI FL 33196-4712 US
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2. Principal Place of Business 13271 SW 124 ST Suite, Apt. #, etc.	3. Mailing Address 13271 SW 124 S Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33186	Zip 33186
Country USA	Country USA

4. FEI Number 65-0690991	Applied For <input type="checkbox"/> Not Applicable
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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

RENZULLI, MICHELINA
 14800 S W 104TH STREET, #5
 215
 MIAMI FL 33196

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 *Renzulli Michelina* **RENZULLI MICHELINA** 04/04/00
Signature, typed or printed name of registered agent and title 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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
<input type="checkbox"/> Delete	D RENZULLI, MICHELINA 1800 W 49TH ST #215 HIALEAH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	PVST RENZULLI, MICHELINA 1800 W 49TH ST #215 HIALEAH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: *Renzulli Michelina* **RENZULLI MICHELINA** 04/04/00 305-2513677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)