

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070945

1. Entity Name

C.D.S. PRINTING & GRAPHICS, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90116 006 ***150.00

Principal Place of Business

6993 NW 82ND AVE BAY #27
 MIAMI FL 33166

Mailing Address

6993 NW 82ND AVE BAY #27
 MIAMI FL 33166-2782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0691534

Applied For

Not Applicable

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

SAENZ, MONICA
 6993 NW 82ND AVE BAY #27
 MIAMI FL 33166

Name

CARLOS SAENZ

Street Address (P.O. Box Number is Not Acceptable)

7562 SW 157 PLACE

City

MIAMI

FL

Zip Code

33193

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.

CARLOS SAENZ
 PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/2000

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SAENZ, MONICA	
STREET ADDRESS	7562 SW 157 PL	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLOS SAENZ	
STREET ADDRESS	7562 SW 157 PL	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS SAENZ
 PRESIDENT

Date

Daytime Phone #

4/17/2000 (305) 470-9484

CR2E034 (9/99)