2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am § Secretary of State DOCUMENT # P96000085901 1. Entity Name 05-16-2002 90075 006 ***150.00 GRAPHIC-TEK, INC. Principal Place of Business Mailing Address 5209 NW 74 ST 1022 E. 20TH ST. 220 HIALEAH FL 33013 MIAMI FL 33166 US 2. Principal Place of Business 3. Mailing Address 5209 Nul Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE aao City & State City & State 4. FEI Number Applied For MIAMI 65-0702427 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACHADO, HECTOR Street Address (P.O. Box Number is Not Acceptable) 1022 E. 20TH ST. HIALEAH FL 33013 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PRESIDENT ☐ Delete TITLE Change HECTOR Machado, NAME MACHADO, HECTOR NAME 74 WE #220 STREET ADDRESS 1022 E. 20TH ST. STREET ADDRESS 5209 NW CITY-ST-7IP HIALEAH FL 33013 CITY-ST-ZIP 33166 TITLE VΡ ☐ Defete TITLE Change ☐ Addition Machado Yolanda NAME MACHADO, YOLANDA NAME STREET ADDRESS 1022 E. 20TH ST. 5209 NW Ave #220 STREET ADDRESS CITY-ST-ZIP 33166 HIALEAH FL 33013 CITY-ST-ZIP MIONI, FI TITLE Delete -VICE-Pre sident -- Change -- - Addition TITLE NAME Gonzalez, Rosa E Gonzalez, Rosa e NAME STREET ADDRESS 5209 NW 74 ST STREET ADDRESS 5209 NW 4 Ane CITY-ST-ZIE MIAMI FL 33166 CITY-ST-ZIP 33166 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ner like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

CR2E034 (9/01)