

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90208 002 ***150.00

DOCUMENT # P97000039509

1. Entity Name
MARIELA GRAPHICS, INC.



Principal Place of Business
9815 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US

Mailing Address
9815 W. SAMPLE RD
1818 SOUTH AUSTRALIAN AVENUE
CORAL SPRINGS FL 33065
US

2. Principal Place of Business
(Same as above)
Suite, Apt. #, etc.

3. Mailing Address
(Same as above)
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

| | | | | | |
|--------------|---------|--------------|---------|---|--|
| City & State | | City & State | | 4. FEI Number 65-0753538 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent WERNICK, HOWARD 9815 W. SAMPLE RD. CORAL SPRINGS FL 33065 | | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WERNICK, HOWARD 9815 W. SAMPLE RD. CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowerment.

SIGNATURE *Howard J. Wernick* **HOWARD J. WERNICK** 2/18/03 (54) 796-0031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)