

2000 UNIFORM BUSINESS REPORT (UBR)

99-10
AR

APPROVED
AND
FILED

00 APR 12 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000066307**
1. Entity Name **UNIGRAPHIC CORPORATION**
8090 NW 67 ST
MIAMI FL 33166

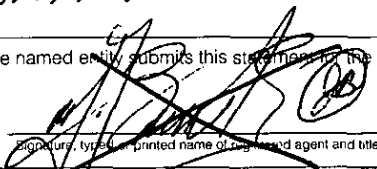
Principal Place of Business **Same as Above**
Mailing Address **Same as Above**

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

4. FEI Number **65-0769553**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Jorge Benitez
8090 NW 67 ST
MIAMI FL 33166

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  (NOTE: Registered Agent signature required when reinstating) DATE **04-11-2000**

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	<input type="checkbox"/> Delete
NAME	Jorge Benitez
STREET ADDRESS	8090 NW 67 ST
CITY-ST-ZIP	MIAMI FL 33166
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	
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	600003227216-7
STREET ADDRESS	-04/27/00-01086-005
CITY-ST-ZIP	****300.00 ****300.00
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 persons empowered.

SIGNATURE:  **Jorge Benitez, Pres.** Date **04-11-2000**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **305 476-1184**


CR2E034 (9/99)

State of Florida
Dept. of State / Div. of Corps.
Annual Report Section

4/4/00
752017

RE: 1999 ANNUAL REPORT - UNIGRAPHIC CORP.

1999 ANNUAL REPORT WAS NEVER RECEIVED
SINCE I MOVED. OFFICIAL GOVERNMENT
MAIL WILL NOT BE FORWARDED IT WAS
THEREFORE RETURNED TO SENDER (STATE OF
FLORIDA) WHICH WAS CONFIRMED BY MY
RECENT PHONE CALL. PLEASE REINSTATE @
\$150.00.

Thank You!

Jorge Benitez, Pres.