

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078922

1. Entity Name

A & S FALCON GRAPHICS, CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90153 008 ***150.00

Principal Place of Business

Mailing Address

7072 SW 21 ST
 MIAMI FL 33155
 US

7072 SW 21 ST
 MIAMI FL 33126-3562
 US

2. Principal Place of Business

4315 N.W. 7 ST

3. Mailing Address

4315 N.W. 7 ST

Suite, Apt. #, etc.

SUITE 34

Suite, Apt. #, etc.

SUITE 34

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

US

Zip

33126

Country

US

4. FEI Number

65-0781712

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

OJEDA, SANDRA
 7072 SW 21 ST
 MIAMI FL 33155

Name
 OJEDA, SANDRA

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

4315 N.W. 7 ST

SUITE 34

City MIAMI

FL

Zip Code

33126

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)

DATE

4-26-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVD ☒ Delete
 NAME OJEDA, SANDRA
 STREET ADDRESS 7072 SW 21 ST
 CITY-ST-ZIP MIAMI FL 33155

TITLE PVD ☒ Change ☐ Addition
 NAME OJEDA, SANDRA
 STREET ADDRESS 4315 N.W. 7 ST., SUITE 34
 CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA OJEDA 4-26-00

Date

(305) 444-3388

Daytime Phone #

CR2E034 (9/99)