

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
 04-13-2000 90037 035 ***150.00

DOCUMENT # P98000006663

1. Entity Name

MP MULTICOLOR PRESS, INC.

Principal Place of Business

Mailing Address

6280 N.W. 27TH WAY
 FT. LAUDERDALE FL 33309

6280 N.W. 27TH WAY
 FT. LAUDERDALE FL 33309-1729

000410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1320 NW 65 Pl.

1320 NW 65 Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number **65-0823751**

Applied For
 Not Applicable

Zip
33309

Country

Zip
33309

Country

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

PACILLO, JOSEPH
6280 N.W. 27TH WAY
FT. LAUDERDALE FL 33309

Name **Joseph Pacillo**
 Street Address (R.O. Box Number is Not Acceptable)
1320 NW 65 Pl
 City **FT LAUDERDALE FL** Zip Code **33309**

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

San Pacillo President
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/7/00
 DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	P PACILLO, JOSEPH 4932 NW 105 DR CORAL SPRINGS FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUELVAS, ALEJANDRO 6280 NW 27 WAY FT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

San Pacillo President

4/7/00 954-968-1999

CR2E034 (9/99)