

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010677

1. Entity Name

GRAPHTECH PRINTERS, INC.

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90270 050 ***150.00

00005451



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

6800 S.W. 40TH ST
SUITE 388
MIAMI FL 33155

6800 S.W. 40TH ST
SUITE 388
MIAMI FL 33155-3708

2. Principal Place of Business

3. Mailing Address

6883 S.W. 40 St.

6883 S.W. 40 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33155

Country

DADE

Zip

33155

Country

DADE

4. FEI Number

65-0809953

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, MARIETTA
6800 S.W. 40TH ST
SUITE 388
MIAMI FL 33155

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD
NAME PEREZ, JOSE A
STREET ADDRESS 6600 S.W. 43RD STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE VD
NAME SANCHEZ, MARIETTA
STREET ADDRESS 6600 S.W. 43RD STREET
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Chairman
NAME Pedro J. Perez
STREET ADDRESS 6600 S.W. 43 ST.
CITY-ST-ZIP MIAMI, FL 33155 ☐ Change ☒ Addition

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Date

Daytime Phone #

1-12-00 305-667-7842

CR2E034 (9/99)