

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000014395

1. Entity Name

GRAPH TO GRAPHICS, INC.

R

FILED

Jul 06, 2000 8:00 am
Secretary of State

07-06-2000 90008 031 ***150.00

Principal Place of Business

Mailing Address

315 S.E. 7TH STREET, FIRST FLOOR
FORT LAUDERDALE FL 33301

315 S.E. 7TH STREET, FIRST FLOOR
FORT LAUDERDALE FL 33301-3158

00007701

2. Principal Place of Business

3. Mailing Address

1657 NE 35 ST

1657 NE 35 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT LAUDERDALE FL

FT LAUDERDALE FL

4. FEI Number

65-0822587

Applied For

Not Applicable

Zip

Country

Zip

Country

33334 USA

USA

33334 USA

USA

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

SCHECHTER, JEROME R
315 S.E. 7TH STREET, FIRST FLOOR
FORT LAUDERDALE FL 33301

Name

Ivette Principe

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

1657 NE 35 ST

City

FT LAUDERDALE

FL

Zip Code

33334

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

Ivette Principe

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

(NOTE: Registered Agent signature required when reinstating)

6-30-00

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 ☐ Delete
NAME D
STREET ADDRESS PRINCIPE, IVETTE
CITY-ST-ZIP 315 S.E. 7TH STREET, FIRST FLOOR
FORT LAUDERDALE FL 33301

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 ☐ 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:

Ivette Principe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-00 (554) 565 4465

Date

Daytime Phone #