2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P98000014395** GRAPH TO GRAPHICS, INC. 04-24-2001 90317 031 ***150.00 Principal Place of Business Mailing Address 1657 NE 35 STREET 1657 NE 35 STREET FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address 2 AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0822587 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRINCIPE, IVETTE Street Address (P.O. Box Number is Not Acceptable) 1657 NE 35 STREET FORT LAUDERDALE FL 33334 Zip Code FL 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 FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRE 11. OFFICERS AND DIRECTORS 12. 2TORS IN 11 TITLE ☐ Delete TITLE Change CR2E034 (10/00 Addition IVETTE PRINCIPE PRINCIPE, IVETTE NAME NAME 1657 NE 35 ST FTURUDORDANC, FL 33334 315 S.E. 7TH STREET, FIRST FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-716 FORT LAUDERDALE FL 33301 CITY-\$T-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 wi ther like empowered.