

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 009 \*\*\*150.00

DOCUMENT # P980Q0029413

1. Entity Name

GRAPHIX MIAMI, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

19510 NE 17th AVENUE

Suite, Apt. #, etc.

3. Mailing Address

19510 NE 17th AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL.

City & State

NORTH MIAMI BEACH, FL.

4. FEI Number

65-0839861

Applied For

Not Applicable

Zip

33100 79

Country

USA

Zip

33100 79

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

PABLO HOBERMAN

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

19510 NE 17th AVENUE

City

NORTH MIAMI BEACH V

FL

Zip Code

33100 79

**DO NOT WRITE  
IN THIS SPACE**

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.

PABLO HOBERMAN

x

4/26/02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	DPD
NAME	PABLO HOBERMAN
STREET ADDRESS	19510 NE 17th AVENUE
CITY - ST - ZIP	NORTH MIAMI BEACH, FL. 33100 79
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PABLO HOBERMAN

x

4/26/02

DATE

Daytime Phone #

(305) 717-3496

CR2E034B (12/01)