

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030015

1. Entity Name  
LABEL ART OF FLORIDA, INC.

**FILED**  
**Aug 22, 2000 8:00 am**  
**Secretary of State**  
08-22-2000 90234 022 \*\*\*550.00

Principal Place of Business  
4713 BAY VISTA AVENUE  
TAMPA FL 33611

Mailing Address  
4713 BAY VISTA AVENUE  
TAMPA FL 33611

A0073957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6118 Interbay Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
6118 Interbay Blvd  
Suite, Apt. #, etc.

City & State  
Tampa, FL  
Zip  
33611  
Country  
USA

City & State  
Tampa, FL  
Zip  
33611  
Country  
USA

4. FEI Number 59-3501773  
Applied For  
Not Applicable

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

JUREWICZ, RALPH  
4713 BAY VISTA AVENUE  
TAMPA FL 33611

change of address

Name  
Jurewicz, Ralph  
Street Address (P.O. Box Number is Not Acceptable)  
6118 Interbay Blvd  
City Tampa FL Zip Code 33611

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]* 8/16/2000  
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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	D MASRI, DAVID 290-27TH STREET OAKLAND CA 94612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASRI, ELIZABETH 290-27TH STREET OAKLAND CA 94612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASRI, DAN 290-27TH STREET OAKLAND CA 94612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASRI, JOE 290-27TH STREET OAKLAND CA 94612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUREWICZ, RALPH 4713 BAY VISTA AVENUE TAMPA FL 33611	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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]* 8/16/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)