

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038610

1. Entity Name

GRAPHIC CONSULTANTS OF MIAMI, INC.

R

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90149 043 \*\*\*150.00

Principal Place of Business

4401 ALHAMBRA CIRCLE  
CORAL GABLES FL 33146

Mailing Address

4401 ALHAMBRA CIRCLE  
CORAL GABLES FL 33146

2. Principal Place of Business

6047 S.W. 14 St.

3. Mailing Address

6047 S.W. 14 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33144

Country

USA

Zip

33144

Country

USA

4. FEI Number

65-090 4592

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DUARTE, RICHARD ESQ  
2937 SW 27 AVE, SUITE 100A  
COCONUT GROVE FL 33133

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 \$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

TITLE D  
NAME VALDES-FAULI, GEORGINA  
STREET ADDRESS 4401 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
# P98000038610

00085407



**GLOBAL TRANSFER CORP.**

7272 NW 33rd Street Miami, FL 33122  
Ph. 305 470 1901 Watts 888 858 9760  
Fx. 305 470 1904 E-Mail: [globaltc@bellsouth.net](mailto:globaltc@bellsouth.net)

**Fax**

<b>To:</b>	GEORGY VALDEZ-FALL	<b>From:</b>	Roger Silverio
<b>Company:</b>	Graffic Consultants	<b>Date:</b>	Tuesday, March 14, 2000
<b>Fax:</b>	305 667 5129	<b>Phone:</b>	305 666 7184
<b>Re:</b>	Your upcoming move	<b>Pages:</b>	1

☒ Urgent    ☒ For Review    ☒ Please Comment    ☒ Please Reply    ☐ Please Recycle

• **Comments:**

Dear Georgy:

Thank you for the opportunity of allowing us to be of service to you. Based on the information you faxed our rates will be as follow:

1 truck 2 men @ \$75.00 per hour for an estimated of 5 hours = \$375.00

Please note that our time starts the minute that we arrive at your residence, and it ends when we finish plus 1-hour travel.

Insurance: Our basic liability is \$.60 per pound, but if you want us to provide additional coverage the rate will \$7.50 per thousand with a minimum of \$5000.00 but it carry a \$1000.00 deductible. Our insurance company does not cover items packed by the owner.

Method of payment: Personal check OK.

Please advice us if this acceptable to you by signing bellow and please fax it back to us with the required moving dates.

Should you have any questions, please feel free to call me.

*O.K. 3/15/00*

We look forward to being of service to you.

Thank you,

Roger Silverio

*J. Valdes Falli*  
*Roger - I will call you for scheduling no later than Friday - Tks.*



Attachment  
#P98000038610  
DU085407

September 9, 2000

Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

I am in receipt of the revised Corporate Filing for the year 2000.

On March 24<sup>th</sup>, 2000, my offices moved from 4401 Alhambra Circle to 6047 S.W. 14<sup>th</sup> Street. Although I had done a change of address with the local post office, some of my mail was never forwarded. The first Corporate Filing was never received by me. I would be very grateful if you would re-evaluate my filing. I honor all of my responsibilities in a timely fashion. I have enclosed a copy of my moving papers for your verification.

I am enclosing a check for \$150.00 to comply with your deadline.

Sincerely,

A handwritten signature in cursive script that reads 'Georgy Valdes-Fauli'.

Georgy Valdes-Fauli  
Graphic Consultants of Miami, Inc.