

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90005 008 \*\*\*150.00

**DOCUMENT # P98000041936**

1. Entity Name  
**ACCU-GRAPHICS TEAM, INC.**

Principal Place of Business 2559 RIVER RIDGE DRIVE ORLANDO FL 32825 US	Mailing Address 2559 RIVER RIDGE DRIVE ORLANDO FL 32825-8783 US
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2. Principal Place of Business <b>8122 Icet Drive</b>	3. Mailing Address <b>P.O. Box 720956</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Orlando FL</b>	City & State <b>Orlando FL</b>	4. FEI Number <b>59-3514205</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32822</b>	Country <b>US</b>	Zip <b>32872-0956</b>	Country <b>US</b>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CABELLO, OMAR</b> <b>2269 SANTA LUCIA STREET</b> <b>KISSIMMEE FL 34743</b>		7. Name and Address of New Registered Agent Name Street Address (P.O.-Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>CABELLO, OMAR</b> <b>2269 SANTA LUCIA STREET</b> <b>KISSIMMEE FL 34743</b> <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	<b>PD</b> <b>ADORNO, GEORGE</b> <b>4401 SADDLE CREEK PLACE</b> <b>ORLANDO FL 32829</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Adorno, George</b> <b>2559 River Ridge Drive</b> <b>Orlando, FL 32825</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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"/> 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"/> Delete	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:** Omar Cabello **Omar Cabello** Vice President 4/24/00 407-273-0244  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #