

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041936

1. Entity Name

ACCU-GRAPHICS TEAM, INC.

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

05-07-2000 90005 008 ***150.00

Principal Place of Business

Mailing Address

2559 RIVER RIDGE DRIVE
ORLANDO FL 32825
US

2559 RIVER RIDGE DRIVE
ORLANDO FL 32825-8783
US

2. Principal Place of Business

8122 Icet Drive

3. Mailing Address

P.O. Box 720956

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3514205

Applied For

Not Applicable

Zip

32822

Country

US

Zip

32872-0956

Country

US

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

CABELLO, OMAR

2269 SANTA LUCIA STREET
KISSIMMEE FL 34743

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 VSD ☐ Delete
NAME CABELLO, OMAR
STREET ADDRESS 2269 SANTA LUCIA STREET
CITY-ST-ZIP KISSIMMEE FL 34743

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

TITLE PD ☐ Delete
NAME ADORNO, GEORGE
STREET ADDRESS 4401 SADDLE CREEK PLACE
CITY-ST-ZIP ORLANDO FL 32829

TITLE PD ☒ Change ☐ Addition
NAME Adorno, George
STREET ADDRESS 2559 River Ridge Drive
CITY-ST-ZIP Orlando, FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 #