## 2002 Uniform Business Report (UBR)

MICHELE JEGYJOW

SIGNATURE:

## Mar 12, 2002 8:00 am P98000045604 DOCUMENT # **Secretary of State** 1. Entity Name 03-12-2002 91000 037 \*\*\*150 00 M.B.L. GRAPHICS, INC. Principal Place of Business Mailing Address 1609 N. RIVERSIDE DR., SUITE 806 1609 N. RIVERSIDE DR., SUITE 806 POMPANO BCH FL 33062 POMPANO BCH FL 33062 2. Principal Place of Business 3. Mailing Address S41 N.W. 39NTERRACE 541 N.W. 39NTE KRACE DO NOT WRITE IN THIS SPACE PUTAT-IBLA BOALTI DEERFIELD BEACH City & State FL3344 Applied For 65-0837450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required INITED STATE 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TYSON MICH ELE TYSON, MICHELE Street Address (P.O. Box Number is Not Acceptable) 1609 N. RIVERSIDE DR., SUITE 806 N.W. 39th TERRACE POMPANO BCH FL 33062 DEERFIELD BEACH 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 MICHELY TYSON FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE TYSON MICHELE TYSON, MICHELE NAME NAME 541 N.W 39HTERRACE 1609 N. RIVERSIDE DR., SUITE 806 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH ITL 33442 POMPANO BCH FL 33062 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ... TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Chapte 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.

FILED