

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91000 037 ***150.00

DOCUMENT # P98000045604
 1. Entity Name
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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
541 N.W. 39th TERRACE **541 N.W. 39th TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
DEERFIELD BEACH, FLORIDA **DEERFIELD BEACH, FL**
 City & State City & State
FL 33442 **FL 33442**
 Zip Zip
 Country: **UNITED STATES** Country: **U.S.**

4. FEI Number **65-0837450** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TYSON, MICHELE
1609 N. RIVERSIDE DR., SUITE 806
POMPANO BCH FL 33062

7. Name and Address of New Registered Agent
 Name: **TYSON MICHELE**
 Street Address (P.O. Box Number is Not Acceptable)
541 N.W. 39th TERRACE
 City: **DEERFIELD BEACH FL** Zip Code: **33442**

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: **MICHELE TYSON** *Michele Tyson* **FEB 27, 2002.**
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, 2002 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

TITLE	D <input type="checkbox"/> Delete
NAME	TYSON, MICHELE
STREET ADDRESS	1609 N. RIVERSIDE DR., SUITE 806
CITY-ST-ZIP	POMPANO BCH FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON MICHELE
STREET ADDRESS	541 N.W. 39th TERRACE
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **MICHELE TYSON** *Michele Tyson* **FEB 27, 2002** **954-428-6686**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)