## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

SIGNATURE:

P98000045604

1. Entity Name

M.B.L. GRAPHICS, INC.



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90147 025 \*\*\*150.00

Principal Place of Business 541 N.W. 39TH TERRACE DEERFIELD BEACH FL 33442		Mailing Address 541 N.W. 39TH TERRACE DEERFIELD BEACH FL 33442					
2. Principal Place of Business		3. Mailing Address			1 10011001 110 10101 10111 00111 00111 0	RISE ROSEL RIBOS RELLO RE	iti 88114 8184 f881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number <b>65-0837450</b>		Applied For Not Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 A	Additional
	6. Name and Address of Current	Registered Agent		· _ · · · · · · · · · · · · · · · · · ·	Name and Address of New Regi		
			Name				
tyson, mi	CHELE		Street	Address (PO 1	Box Number is Not Acceptable)	•	
541 N.W. 3	9TH TERRACE		Street Address (P.O.		DOX NUMBER IS NOT Acceptable)		
DEERFIELD	BEACH FL 33442						
			City		- 11	FL Zip Co	ode
	named entity submits this statement for ns of registered agent.	the purpose of changing its re	egistered office of	or registered aç	gent, or both, in the State of Florida	a. I am familiar wit	h, and accept
SIGNATORE	ignature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signa	ature required when i	reinstating)	DATE	
After I Make Check	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			Election Campaign Financ     Trust Fund Contribution.	☐ Add	.00 May Be led to Fees
10.			11.	Al	DDITIONS/CHANGES TO OFFICE		
STREET ADDRESS	d Tyson, Michele 541 N.W. 39th Terrace Deerfield Beach Fl 33442	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e
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<ol> <li>I hereby ce indicated or the corporation of the corporation.</li> </ol>	rtify that the information supplied with n this report or supplemental report is oration or the receiver of frustee empo r on an attachment with an address for	this filing does not qualify for t true and accurate and that my wered to execute this report as title all other like empowered	he exemption start signature shall s required by Ch	ated in Section have the same apter 607, Flor	119.07(3)(i), Florida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	ther certify that the that I am an offic pears in Block 10	information er or director or Block 11 if

Feb 05/2003