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FILED
Jul 04, 2002 8:00 am
Secretary of State

05-15-2002 90081 012 ***150.00

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DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047323 ✓

1. Entity Name: GRAPHIC CENTER OF AMERICA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
531 N.W. 193 AVE	531 NW 193 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES	City & State: PEMBROKE PINES
Zip: 33029 Country: U.S.A.	Zip: 33029 Country: USA

4. FEI Number: 65-0842964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: FRANK SCIOLINO

Street Address (P.O. Box Number is Not Acceptable): 531 N.W. 193 AVE

City: PEMBROKE PINES FL Zip Code: 33029

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	FRANK SCIOLINO	NAME	
STREET ADDRESS	531 NW 193 AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	
TITLE	V-PRESIDENT	TITLE	
NAME	LOUISE SCIOLINO	NAME	
STREET ADDRESS	531 NW 193 AVE.	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034E (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _______________ 4/29/02 (954) 442-0409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #