

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State
 04-09-2001 90074 045 ***158.75

0126260

DOCUMENT # P98000065334

1. Entity Name

PERFORMA GRAPHIC DESIGN, INC.

Principal Place of Business

4029 COCOPLUM CIR
 COCONUT CREEK FL 33063
 US

Mailing Address

4029 COCOPLUM CIR
 COCONUT CREEK FL 33063
 US

00033156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4701 N. Federal Highway
 Suite, Apt. #, etc.
 302

4701 N. Federal Hwy.
 Suite, Apt. #, etc.
 302 - Box A-K

City & State
 Lighthouse Point, FL

City & State
 Lighthouse Point, FL

4. FEI Number 65-0852713

Applied For
 Not Applicable

Zip Country
 33064 U.S.A.

Zip Country
 33064 U.S.A.

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

ALVAREZ, GABRIEL
 4029 COCOPLUM CIR
 COCONUT CREEK FL 33063

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, 2001 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 D ☐ Delete
 NAME ALVAREZ, GABRIEL E
 STREET ADDRESS 4029 COCOPLUM CIR
 CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE P ☐ Change ☒ Addition
 NAME Alvarez, Raul
 STREET ADDRESS 4029 cocoplum cir.
 CITY-ST-ZIP coronut creek, FL 33063

TITLE D ☒ Delete
 NAME TOVAR F, ANA MARIA
 STREET ADDRESS 4029 COCOPLUM CIR
 CITY-ST-ZIP COCONUT CREEK FL 33063

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

TITLE ☐ Delete
 NAME
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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: *Gabriel E. Alvarez* GABRIEL ALVAREZ 4/5/01 (954) 988-0154
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)