FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90446 026 ***158.75

DOCUMENT # P98000065334

1. Entity Name
Performa Graphic Design, Inc.

071024

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2. Principal Place of Business	3. Mailing Address
4281 NW 61st Court	6574 N. State Road 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	263
City & State: Coconut Creek, FL	City & State: Coconut Creek, FL
Zip: 33073 Country: USA	Zip: 33073 Country: USA

4. FEI Number: 650852713 ☐ 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

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 _____ DATE
(Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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.
NAME	ALVAREZ, GABRIEL EDUARDO
STREET ADDRESS	4281 NW 61st Court
CITY-ST-ZIP	Coconut Creek, FL 33073
TITLE	D.
NAME	ALVAREZ, RAUL
STREET ADDRESS	5715 NW 51st Mnr
CITY-ST-ZIP	Coral Springs, FL 33067
TITLE	
NAME	
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CR2E034B (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: Gabriel E. Alvarez 5/25/02 954-428-4099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #