

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90155 022 ***150.00

0148221

DOCUMENT # P98000095175

1. Entity Name

PRO COLOR GRAPHICS INTERNATIONAL CORPORATION, IN

Principal Place of Business

**8181 N.W. 14TH ST., STE. 200
 MIAMI FL 33126
 US**

Mailing Address

**8181 N.W. 14TH ST., STE. 200
 MIAMI FL 33126
 US**

00039579



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5959 BWE LAGOON DR

3. Mailing Address

5959 BWE LAGOON DR

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

110

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0884327

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ATRIUM REGISTERED AGENTS, INC.
 1500 SAN REMO AVE., STE. 125
 CORAL GABLES FL 33145**

7. Name and Address of New 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

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

TITLE **PSD** ☐ Delete
 NAME **FOGEL, JULES**
 STREET ADDRESS **8181 N.W. 14TH ST., STE. 200**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE **CEOD** ☐ Delete
 NAME **NUNEZ, RENE**
 STREET ADDRESS **8181 N.W. 14TH ST., STE. 200**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
 NAME **FOGEL, JULES**
 STREET ADDRESS **5959 BWE LAGOON DR # 110**
 CITY-ST-ZIP **Miami FL 33126**

TITLE **CEOD** ☒ Change ☐ Addition
 NAME **NUNEZ, RENE**
 STREET ADDRESS **5959 BWE LAGOON DR # 110**
 CITY-ST-ZIP **Miami, FL 33126**

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/01

Date

305 4369800

Daytime Phone #

CR2E034 (10/00)