

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000157

1. Entity Name

GRAPHICS BY MARY, INC.

Principal Place of Business

1060 W SUNRISE BLVD.
FORT LAUDERDALE FL 33311

Mailing Address

11570 NW 39TH ST.
CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

6001 PLUM ISLE WAY

City & State

City & State

TAMARAC, FL

Zip

Country

Zip

Country

33321

4. FEI Number

65-0883336

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELICIANO, GILLIAN
11570 NW 39TH STREET
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

GILLIAN FELICIANO

Street Address (P.O. Box Number is Not Acceptable)

6001 PLUM ISLE WAY

City

TAMARAC

FL

Zip Code

33321

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	PD	<input type="checkbox"/> Delete
NAME	FELICIANO, KENNETH	
STREET ADDRESS	11570 NW 39TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FELICIANO, GILLIAN	
STREET ADDRESS	11570 NW 39TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH FELICIANO	
STREET ADDRESS	6001 PLUM ISLE WAY	
CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIAN FELICIANO	
STREET ADDRESS	6001 PLUM ISLE WAY	
CITY-ST-ZIP	TAMARAC, FL. 33321	
TITLE	CHIEF OPERATION OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELISON T. WONG	
STREET ADDRESS	5330 N.W. 182ND ST.	
CITY-ST-ZIP	MIAMI, FL. 33055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gillian Feliciano GILLIAN FELICIANO 4-20-01 954-760-9922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0130369

CP2E034 (10/00)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90396 031 ***150.00

UUU44487



DO NOT WRITE IN THIS SPACE