

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 18 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000006199

1. Entity Name

Graphic Support Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5703 Andrews way

Suite, Apt. #, etc.

3. Mailing Address

23052 Sunfield Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Lauderdale, FL

Zip

33309

Country

Broward

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

4. FEI Number

650921232

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Jose R. Villavicencio

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

23052 Sunfield Dr.

City

Boca Raton

FL

Zip Code

33433

DO NOT WRITE
IN THIS SPACE

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

10-15-02

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 NAME STREET ADDRESS CITY-ST-ZIP	Jose Villavicencio 5703 Andrews way Fort Lauderdale, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept. 4, 02

CR2E034B (12/01)

js 10/18/02



199 000006 199
125094

- **Re:** —UBR Form:

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901 N.W. 58th Court, Fort Lauderdale, Florida 33309 • Tel: 954-229-9720 • Fax: 954-229-9721 • graphicsupportservices.com