

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017081

1. Entity Name

REFLEX GRAPHICS CORP.

FILED

00 OCT -6 AM 11:00

Principal Place of Business

Mailing Address

3255 NE 184 Street #12314
Aventura-Florida 33160

3255 NE 184 St. #12314
Aventura-Florida 33160

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

19838 W. Dixie Hwy.

3. Mailing Address

19838 W. Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach-Fl

City & State

North Miami Beach-Fl

4. FEI Number

65-0898373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Alejandro Zajac
3750 W. Flagler St.
Miami-Florida 33134

7. Name and Address of New Registered Agent

Name
Fabricio Schaffrath

Street Address (P.O. Box Number is Not Acceptable)
16570 NE 26 Ave. #26G

City
North Miami Beach-Fl

FL

Zip Code

33160

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Fabricio Schaffrath
3255 NE 184 St. #12314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Paola Rodriguez
3255 NE 184 St. #12314 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Fabricio Schaffrath
16570 NE 26 Ave, #5G
North Miami Beach-Fl 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Paola Rodriguez
16570 NE 26 Ave. #5G ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
North Miami Beach-Fl 33160 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003459457-5
-11/09/00--01105--001
****150.00 ****150.00 ☐ Change ☐ Addition

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

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

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

Date

Daytime Phone #

ATTN Department of State

We are writing this letter because we just realize that we didn't pay the 2000 Uniform Business Report Form Number 65-0898373 of \$150. and we wonder why? So we checked what could happen and we found that we never received the form to pay, because we changed the address on December '99 and the post office forward all our mail to 16570 N.E 26 Av, Apartment 5G, North Miami Beach, 33160. and we never received. Please check this information and consider this situation, we appreciate your help in this issue.

Thank you for your understanding and we wait for your answer as soon as you can

FABRICIO SCHAPFRATH

printing * signs * graphic design

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