

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031303

1. Entity Name

KMJ SIGNATURE SIGNS AND GRAPHICS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90081 017 ***158.75

Principal Place of Business

11301 N.W. 50TH TERR.
MIAMI FL 33178

Mailing Address

11301 N.W. 50TH TERR.
MIAMI FL 33178-3542

2. Principal Place of Business

3373 NW 97 Ave.
Suite, Apt. #, etc.

3. Mailing Address

3373 NW 97 Ave.
Suite, Apt. #, etc.

City & State

Miami, FL

Zip
33172

Country

USA

City & State

Miami, FL

Zip

33172

Country

USA

4. FEI Number

65-0911610

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, KAREN M
11301 N.W. 50TH TERR.
MIAMI FL 33178

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P Jorge M. Garcia
STREET ADDRESS		STREET ADDRESS	3373 NW 97 Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	V Karen M. Garcia
STREET ADDRESS		STREET ADDRESS	3373 NW 97 Ave.
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33172
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED
Signature and typed or printed name of signing officer or director: Jorge Garcia 1/8/2000 (305) 436-3077
Date: 1/8/2000 Daytime Phone #: (305) 436-3077

CR2E034 (9/99)