

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90721 050 ***150.00

DOCUMENT# P990000039986

1. Entity Name
A & A GRAPHICS, CORP.

Principal Place of Business
2301 SW 82 PL
MIAMI FL 33155
US

Mailing Address
2301 SW 82 PL
MIAMI FL 33155
US

2. Principal Place of Business
7332 S.W. 158 Ave
 Suite, Apt. #, etc.

3. Mailing Address
7332 S.W. 158 Ave
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0919187

Applied For
 Not Applicable

Zip
33193 Country
USA

Zip
33193 Country
USA

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

6. Name and Address of Current Registered Agent

ALVAREZ, ANTONIO R
2301 SW 82 PL
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name
ALVAREZ, ANTONIO R
 Street Address (P.O. Box Number is Not Acceptable)
7332 S.W. 158 Ave
 City
MIAMI **FL** Zip Code
33193

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 *Anton Alvarez* DATE **5/1/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution: ☐

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALVAREZ, ANTONIO R 4132 SW 98 AVE MIAMI FL 33165 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEIAL, ALVAREZ 4132 SW 98 AVE MIAMI FL 33165 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ALVAREZ, ANTONIO R. 7332 S.W. 158 AVE. MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUCIA ALVAREZ 7332 S.W. 158 AVE. MIAMI, FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anton Alvarez* DATE **5/1/02** DAYTIME PHONE # **305-387-7319**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR