2050 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000042173 FILED 1. Entity Name : : Liniat Graphics Design, Inc 00 OCT 24 PM 3: 07 SECRETARY OF STATE Mailing Address TALLAHASSEE, FLORIDA 9822 NE 2 QUE #3 Miami Shores, FL 33138 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Maria I. Beltran Street Address (P.O. Box Number is Not Acceptable) 9822 NE 2 ave #3 Miami Shores, FL 33138 Zip Code starpment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW II FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Arter MAY 1, 2000 Fee Will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ite Chic (Pryside to Department of Smile (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Addition Change PIVISITIO ☐ Delete TIBE TITLE Maria I. Beltran NAME MAME STREET ADDRESS STREET ADDRESS 7822 NE 2 ave. ste:3 CITY-ST-ZIP CITY-ST-ZIP <u>Hiami</u> shores, Fl Addition Change ☐ Delete TITLE 600003459786-NAME NAME -11/09/00--01118--010 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ****150.00 ****150.00 CRY-ST-ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tF CITY-ST-ZIP Addition Delete Change TITLE nne NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 outh; that I am an officer or director of the corporation or the receiver of trustee suppowered 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 attackment with an addless, with all other like empowered.

SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

payers

LINIAT GRAPHICS DESIGN, INC. DOC.# P99000042173

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS I HAVE ENCLOSED THE UNIFORM BUSINESS REPORT FORM ALONG WITH A CHECK TO THE FLORIDA DEPARTMENT OF STATE IN ORDER TO PUT THE ABOVE MENTION IN ITS CURRENT STATUS.

DUE TO A CHANGE OF ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. I FURTHER STATE THAT MOVED AND MADE CHANGES WITH THE POST OFFICE SO THAT ALL MY MAIL WOULD GET FORWARDED, I ALSO PASSED BY FROM TIME TO TIME TO THE OLD ADDRESS AND THE ANNUAL REPORT WAS NEVER GIVEN TO UNTIL THE MONTH OF JULY. I WOULD REALLY APPRECIATE YOUR HELP IN THIS MATTER THAT IS EXTREMELY IMPORTANT TO ME.

IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

MARIA BELTRAN

PRESIDENT