

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000049085**  
 Entity Name  
**MODERN GRAPHICS INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAY 23 AM 11:25

Principal Place of Business Mailing Address  
**4511 W. NORTH ST. 4511 W. NORTH ST.**  
**TAMPA FL 33614 TAMPA FL 33614**

Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-3577192** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GONZALEZ, ALEJANDRO**  
**4511 W. NORTH ST.**  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Delete <b>MARGARITA PEREZ</b> <b>4337 W. BURKE ST.</b> <b>TAMPA FL 33614</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Alejandro Gonzalez</b> <b>4511 W. North St</b> <b>Tampa, FL 33614</b>
ADDRESS ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ALEJANDRO GONZALEZ** **PRESIDENT** (813) 880-0717  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)