

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90926 014 ***150.00

DOCUMENT # P99000059043

1. Entity Name
NEW CONCEPT GRAPHICS & MULTI MEDIA, INC.

Principal Place of Business	Mailing Address
841 NE 141 STREET N. MIAMI FL 33161	841 NE 141 STREET N. MIAMI FL 33161-3209

2. Principal Place of Business	3. Mailing Address
12760 West Dixie Hwy Suite, Apt. #, etc.	12760 West Dixie Hwy Suite, Apt. #, etc.

City & State	City & State
North Miami FL	North Miami FL
Zip	Zip
33161	33161
Country	Country
US	US

4. FEI Number	Applied For
650932150	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PIERRE-LOUIS, MARC
 841 NE 141 STREET
 N. MIAMI FL 33161

7. Name and Address of New Registered Agent

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 *Marc Pierre-Louis* **MARC PIERRE-LOUIS** **4-27-00**
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. <input type="checkbox"/> <small>(See criteria on back)</small>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PIERRE-LOUIS, MARC <input type="checkbox"/> Delete	TITLE	JEAN RICHARDSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	841 NE 141 STREET	STREET ADDRESS	53 PATTERSON RD. HANSON AFB
ST-ZIP	MIAMI FL 33161	CITY-ST-ZIP	MA 01731
TITLE	PIERRE-LOUIS, FREDO <input type="checkbox"/> Delete	TITLE	JEAN RICHARDSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2012 N.W. 11TH AVENUE	STREET ADDRESS	53 PATTERSON RD
ST-ZIP	FT. LAUDERDALE FL 33311	CITY-ST-ZIP	HANSON AFB MA 01731
TITLE	JEAN RICHARDSON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	53 PATTERSON RD	STREET ADDRESS	
ST-ZIP	HANSON AFB MA 01731	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

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 a address, with all other like empowered.

SIGNATURE *Marc Pierre-Louis* **MARC PIERRE-LOUIS** **4-27-2000** **305-899-6246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)