

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 08, 2001 8:00 am  
Secretary of State

03-08-2001 90102 025 \*\*\*150.00

DOCUMENT # P99000059843

1. Entity Name

SOUTH GRAPHICS, INC.

Principal Place of Business

6555 NW 9TH AVENUE  
#405  
FT. LAUDERDALE FL 33309

Mailing Address

6555 NW 9TH AVENUE  
#405  
FT. LAUDERDALE FL 33309

2. Principal Place of Business

1841 S. DIXIE HWY.

3. Mailing Address

1841 S. DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

Country

FL

33060

Zip

Country

FL

33060

4. FEI Number

65-0930049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FILTEAU, MICHEL  
263 N.W. 121ST TERRACE  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7

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, 2001 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

TITLE PD  
NAME FILTEAU, MICHAEL  
STREET ADDRESS 263 N.W. 121 TERRACE  
CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME FILTEAU MICHEL  
STREET ADDRESS 3507 OAKS WAY #503  
CITY-ST-ZIP POMPANO BEACH, FL 33069 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHEL FILTEAU

Date

(954) 784-5509

Daytime Phone #

CR2E034 (10/00)