

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90148 007 \*\*\*158.75

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DOCUMENT # P99000063626

1. Entity Name  
INKWELL SCREEN PRINTING, INC.



Principal Place of Business  
520 TIVOLI AVENUE  
CORAL GABLES FL 33143

Mailing Address  
520 TIVOLI AVENUE  
CORAL GABLES FL 33143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
289 Carabela Ct

Suite, Apt. #, etc.  
289 Carabela Ct

City & State  
Coral Gables

City & State  
Coral Gables, FL

4. FEI Number 65-0934136

Applied For  
Not Applicable

Zip Country  
33143

Zip Country  
33143

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERGUIRISTAIN, JOSE  
520 TIVOLI AVENUE  
CORAL GABLES FL-33143

Name

Street Address (P.O. Box Number is not acceptable)

289 Carabela Ct.

City Coral Gables

FL

Zip Code 33143

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BEGUIRISTAIN, JOSE  
STREET ADDRESS 520 TIVOLI AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33143

TITLE ☒ Change ☐ Addition  
NAME 289 Carabela Ct.  
STREET ADDRESS Coral Gables, FL 33143  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/03 705 953 8300

CR2E034 (10/02)