## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # P99000072380 05-12-2000 90046 015 \*\*\*150.00 A & M DIRECT PRINTING & TECHNOLOGIES, INC. Mailing Address Principal Place of Business 7667 W SAMPLE ROAD 7667 W SAMPLE ROAD CORAL SPRINGS FL 33065-4718 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tv & State Not Applicable 5. Certificate of Status Desired. 🛫 🔲 -7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name ROSENBERG, ARTHUR R Street Address (P.O. Box Number is Not Acceptable) 4875 N FEDERAL HWY, 7TH FLOOR FT LAUDERDALE FL 33308 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. BP DUP **X** Change ☐ Addition TITLE Delete TITLE Perillo Michael 3485 Pinewalk Dr N #208 NAME NAME PERILLO, MICHAEL STREET ADDRESS STREET ADDRESS 3485 PINEWALK DR N, #208 margate FL 33063 CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Addition TITI F ☐ Detete NAME NAME DEBIASE, ALEX STREET ADDRESS STREET ADDRESS 11084 NW 8TH COURT GC 333314 CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33324 Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CCTY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 js 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 employeed 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 edwith all other likelempowered.