

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072522

1. Entity Name

CARGRAPHICS INTERNATIONAL, INC.

FILED

Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90004 040 \*\*\*158.75

Principal Place of Business

Mailing Address

~~901 PONCE DE LEON BLVD. STE 901~~  
~~CORAL GABLES FL 33134-3343~~

~~901 PONCE DE LEON BLVD. STE 901~~  
~~CORAL GABLES FL 33134-3343~~

00034011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 PONCE DE LEON BLVD.

3. Mailing Address

901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.  
SUITE 901

Suite, Apt. #, etc.  
SUITE 901

City & State  
CORAL GABLES, FL

City & State  
CORAL GABLES, FL

4. FEI Number  
65-0944456

Applied For  
Not Applicable

Zip Country  
33134 U.S.A.

Zip Country  
33134 U.S.A.

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

~~SANCHEZ GALARRAGA, JORGE~~  
~~901 PONCE DE LEON BLVD. STE 901~~  
~~CORAL GABLES FL 33134-3343~~

Name  
MARIA ELENA RUBIO

Street Address (P.O. Box Number is Not Acceptable)  
c/o 901 PONCE DE LEON BLVD.,

SUITE 901

City Zip Code  
CORAL GABLES FL 33134

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 *Maribel Rubio*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/4/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME ~~SANCHEZ GALARRAGA, JORGE~~  
STREET ADDRESS ~~901 PONCE DE LEON BLVD. STE 901~~  
CITY-ST-ZIP ~~CORAL GABLES FL 33134-3343~~

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME P  
STREET ADDRESS ALVAREZ, LUIS CAMILO  
CITY-ST-ZIP 901 Ponce de Leon Blvd., Ste 901  
Coral Gables, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME S  
STREET ADDRESS Carvajal, Jorge Hernando  
CITY-ST-ZIP 901 Ponce de Leon Blvd., Ste 901  
Coral Gables FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Assistant Secretary  
STREET ADDRESS Rubio, Maria Elena  
CITY-ST-ZIP 901 Ponce de Leon Blvd., Ste 901  
Coral Gables, FL 33134

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

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: *Maribel Rubio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/00 (305) 448-6875

CR2E034 (9/99)