

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077647

1. Entity Name
E M I GRAPHICS INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90300 035 ***150.00

Principal Place of Business 4875 SW 149TH CT., UNIT F MIAMI FL 33185	Mailing Address 4875 SW 149TH CT., UNIT F MIAMI FL 33185
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645516



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11475 N.W. 34TH ST.	3. Mailing Address 11475 N.W. 34TH ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33178	Zip 33178
Country USA	Country USA

4. FEI Number 65-0944868	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE LA CRUZ, EMILIO 4875 SW 149TH CT., UNIT F MIAMI FL 33185	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code
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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 re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <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 NAME STREET ADDRESS CITY-ST-ZIP	PD DE LA CRUZ, EMILIO 4875 SW 149TH CT., UNIT F MIAMI FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Emilio De la Cruz* **3-13-01 (305) 468-1656**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Capture Phone #

CR2E034 (10/00)