

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90219 044 \*\*\*150.00

**DOCUMENT # P990000083058**

1. Entity Name

**ALCHEMY GRAPHICS, INC.**

Principal Place of Business

Mailing Address

5811 NORTHEAST 14TH LANE  
SUITE 505  
FORT LAUDERDALE FL 33334

5811 NORTHEAST 14TH LANE  
SUITE 505  
FORT LAUDERDALE FL 33334-5012

2. Principal Place of Business

1601 S. Federal Hwy #235  
Suite, Apt. #, etc.  
#235  
City & State  
DeLray Beach, FL  
Zip  
33483  
Country  
USA

3. Mailing Address

1801 S. Federal Highway  
Suite, Apt. #, etc.  
235  
City & State  
DeLray Beach, FL  
Zip  
33483  
Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

15-0950314

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name  
William H. Milmo  
Street Address (P.O. Box Number is Not Acceptable)  
9600 S. Federal Highway, Inc.  
1801 S. Federal Highway #235  
City  
DeLray Beach  
FL  
Zip Code  
33483

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DESANTIS, CARL 5811 NORTHEAST 14TH LANE FORT LAUDERDALE FL 33334	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DESANTIS, CARL 9600 S. Federal Highway, Inc. 1801 S. Federal Highway #235 DeLray Beach, FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP milmo, William 9600 S. Federal Highway, Inc. 1801 S. Federal Highway #235 DeLray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRSA FOX, JUDITH 9600 S. Federal Highway, Inc. 1801 S. Federal Highway #235 DeLray Beach, FL 33483	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E.034 (9/99)