

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
 02-13-2001 90602 005 ***150.00

DOCUMENT # P99000096678

1. Entity Name
INPRESS GRAPHICS, INC.

Principal Place of Business

**6467 SW 12TH STREET
 WEST MIAMI FL 33144**

Mailing Address

**6467 SW 12TH STREET
 WEST MIAMI FL 33144**

C0021097



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4829 SW 75th Ave

3. Mailing Address

4829 SW 75th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0970075

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

33155

Country

USA

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

**ALVAREZ, JANET M
 6467 SW 12TH STREET
 WEST MIAMI FL 33144**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

JANET M ALVAREZ **2/08/01**

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, 2001 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 **D** ☐ Delete
 NAME **ALVAREZ, JANET M**
 STREET ADDRESS **6467 SW 12TH STREET**
 CITY-ST-ZIP **WEST MIAMI FL 33144**

TITLE **VICE-PRESIDENT** ☐ Change ☒ Addition
 NAME **ISRAEL MENDEZ**
 STREET ADDRESS **1530 SW 137 Place**
 CITY-ST-ZIP **MIAMI, FL 33184**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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:

JANET M ALVAREZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/08/01
 Daytime Phone #

**786-236
 2448**

CR2E034 (10/00)