

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096678

1. Entity Name
INPRESS GRAPHICS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 SEP 25 PM 4:23

Principal Place of Business
4829 SW 75TH AVENUE
MIAMI, FL 33155

Mailing Address
4829 SW 75TH AVENUE
MIAMI, FL 33155

2. Principal Place of Business
722 NW 76 Ave
Suite, Apt. #, etc.

3. Mailing Address
722 NW 76 Ave
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-0970075

Applied For
Not Applicable

Zip
33126
Country
Miami-Dade

Zip
33126
Country
Miami-Dade

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, JANET M
11253 NW 46TH LANE
MIAMI, FL 33178

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.26
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ALVAREZ, JANET M | |
| STREET ADDRESS | 11253 NW 46TH LANE | |
| CITY-ST-ZIP | MIAMI, FL 33178 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | MENDEZ, ISRAEL | |
| STREET ADDRESS | 1530 SW 137 PLACE | |
| CITY-ST-ZIP | MIAMI, FL 33184 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

600023338826
09/25/03--01053--008 **150.00

12. 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 10 or Block 11 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

09-22-03

Date

Daytime Phone #

CR2E034 (10/02)

9/26/03



2/2

September 19, 2003

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Our New Address is:
Inpress Graphics, Inc
722 NW 76 Ave
Miami, FL 33126-2917
Doc# P99000096678

To Whom It May Concern:

We never received the 2003 Uniform Business Report and therefore did not file the report. We have now been made aware of our failure to file and are now filling the report and paying the filling fee. Please waive any fees associated with this late filling. We had moved our place of business and unfortunately never received the form for the 2003 filling year.

Thank you for your consideration,

A handwritten signature in cursive script, appearing to read "Janet Alvarez".

Janet Alvarez
President