

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

Pg. 1 of 2

DOCUMENT # P99000097342

1. Entity Name

A PRINTING SOLUTION & GRAPHIC DESIGN, INC.

00 JUL 11 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

19020 NW 84 Pl
Miami, FL 33015

19020 NW 84 Pl
Miami, FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELIPE L LEON
19020 NW 84 Pl
Miami, FL 33015

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Delete
NAME	Felipe L Leon	
STREET ADDRESS	19020 NW 84 Pl	
CITY-ST-ZIP	Miami, FL 33015	
TITLE	V/P/S	<input checked="" type="checkbox"/> Delete
NAME	Carlos A Santos	
STREET ADDRESS	19020 NW 84 Pl	
CITY-ST-ZIP	Miami, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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****150.00 - ****150.00

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Felipe L Leon

FELIPE L LEON

7/7/00

(305)829-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone/Fax #

CR2E034 (9/99)

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July 7, 2000

Department of State
Division of Corporations

Re: Document No. P99000097342

To whom it may concern,

I, Felipe L Leon, president of A Printing Solution & Graphic Design, Inc.
am writing this letter to ask you to accept my payment for the 2000
annual report of the above mentioned corporation.

The reason of the delay is that I never received the report and since
it is the first time I am in a corporation I did not know I was
supposed to send it before May 1st. I just found out about it.

Please accept my apology and my payment.

Sincerely,



Felipe L Leon