2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

th an address, with all other like empowered.

May 15, 2000 8:00 am Secretary of State DOCUMENT # **P99000097899** 1. Entity Name PRINT CITY, INC. 05-15-2000 90100 029 ***150.00 Principal Place of Business Mailing Address 281 GOOLSBY BLVD. 281 GOOLSBY BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442-3027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Dominic Khaleel KHALEEL, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 281 GOOLSBY BLVD. **DEERFIELD BEACH FL 33442** BIVd. 281 Goolsby Zip Code 33442 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. Dominic Knelcel SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE.IS.\$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS rector Change PSTD TITLE Delete TITLE Khiled KHALEEL, ANTHONY Sezn NAME NAME 281 Goolsby Blvd. STREET ADDRESS 281 GOOLSBY BLVD. STREET ADDRESS Deerfield Beach FL 33442 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE ☐ Delete TITLE Dominic Khaleel NAME 281 Goolsby Blud Deerfield Bizch FL STREET ADDRESS STREET ADDRESS 33442 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE __ Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

Dominic Khaleel 2/11/00 954 480-8670