

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91042 020 ***150.00

DOCUMENT # P99000111563

1. Entity Name
SERVIGRAPHIC INTERNATIONAL, CORP.



Principal Place of Business
**10651 HAMMOCKS BLVD #814
MIAMI FL 33196**

Mailing Address
**10651 HAMMOCKS BLVD #814
MIAMI FL 33196**

2. Principal Place of Business
12429 SW 123 terrace
Suite, Apt. #, etc.

3. Mailing Address
12429 SW 123 terrace
Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0971308

Applied For
Not Applicable

Zip
33186
Country
EEU

Zip
33186
Country
EEU

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

6. Name and Address of Current Registered Agent

**MESA, MONICA MARIA
15613 SW 62 STREET
MIAMI FL 33193**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PTD	<input type="checkbox"/> Delete
NAME	MESA, MONICA MARIA	
STREET ADDRESS	10651 HAMMOCKS BLVD #814	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VILLADA, MARTHA INES	
STREET ADDRESS	10651 HAMMOCKS BLVD #814	
CITY-ST-ZIP	MIAMI FL 33196	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESA, MONICA MARIA	
STREET ADDRESS	12429 SW 123 terrace	
CITY-ST-ZIP	Miami FL 33186	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLADA, MARTHA INES	
STREET ADDRESS	12429 SW 123 terrace	
CITY-ST-ZIP	Miami FL 33186	
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		

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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-03

305 269 9341

Date Daytime Phone #

CR2E034 (10/02)