

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S72107

1. Entity Name

SIGNATURE PRINTING, INC.

Principal Place of Business

13635 N.W. 7TH AVE.
N. MIAMI FL 33168

Mailing Address

13635 N.W. 7TH AVE.
N. MIAMI FL 33168

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PRADA, JOSE
13635 N.W. 7TH AVE.
N. MIAMI FL 33168

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.

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, 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

TITLE NAME ☐ Delete
P
PRADA, JAIME G.
STREET ADDRESS 1457 N.W. 167 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE NAME ☐ Delete
S
WATSON, MARIA
STREET ADDRESS 1457 N.W. 167 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE NAME ☐ Delete
VP A
PRADA, MARIE E
STREET ADDRESS 1457 N.W. 167 AVE
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE NAME ☐ Delete
T
PRADA, JOSE
STREET ADDRESS 853 NW 135TH AVE
CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
S
Watson Maria
STREET ADDRESS 15968 SW 4 AVE.
CITY-ST-ZIP Pembroke Pines FL 33027

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
D
ALVARO M. PRADA
STREET ADDRESS 15959 SW 13 AVE.
CITY-ST-ZIP Pembroke Pines FL 33027

TITLE NAME ☐ Change ☐ Addition
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:

MCWATSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01
Date

305-688-6386
Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90225 003 ***150.00

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DO NOT WRITE IN THIS SPACE

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CP2E034 (10/00)