

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91759 007 \*\*\*150.00

**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

3. Mailing Address

**5725 NW 151 Street**

**5725 NW 151 Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Miami Lakes FL**

City & State  
**Miami Lakes FL**

Zip  
**33014**

Country  
**USA**

Zip  
**33014**

Country  
**USA**

4. FEI Number **65-0279321**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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  
**PRADA, JOSE**  
Street Address (P.O. Box Number is Not Acceptable)  
**5725 NW 151 Street**  
City **Miami Lakes FL** Zip Code **33014**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **PRADA, JAIME G.**  
STREET ADDRESS **15959 SW 13 AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

TITLE **S** ☐ Delete  
NAME **WATSON, MARIA**  
STREET ADDRESS **15968 SW 4 AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE **VP** ☐ Delete  
NAME **PRADA, MARIE E**  
STREET ADDRESS **15959 SW 13 AVE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

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

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

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

TITLE **D** ☐ Delete  
NAME **PRADA, ALVARO M**  
STREET ADDRESS **15959 SW 13 AVENUE**  
CITY-ST-ZIP **PEMBROKE PINES FL 33027**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**MARIA WATSON** **4/30/03** **305-828 9992**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)