

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90161 017 ***150.00

DOCUMENT # S98621

1. Entity Name

AWARD PRINTING GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3800 Hillcrest Dr. #901

3. Mailing Address

3800 Hillcrest Dr. #901

Suite, Apt. #, etc.

#901

Suite, Apt. #, etc.

#901

City & State

Hollywood, Florida

City & State

Hollywood, Florida

Zip

33021

Country

U.S.

Zip

33021

Country

U.S.

4. FEI Number

65-0298826

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required.**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Castaline, Janice

Street Address (P.O. Box Number is Not Acceptable)

3800 Hillcrest Drive, #901

City

Hollywood

FL

Zip Code

33021

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) ☐

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PTD NAME STREET ADDRESS CITY-ST-ZIP	Castaline, Janice 3800 Hillcrest Drive, #901 Hollywood, Florida 33021
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janice Castaline JANICE CASTALINE 04-25-02 954-964-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)