2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **V33245** May 08, 2000 8:00 am 1. Entity Name 2,000 GRAPHICS, INC. Secretary of State 05-08-2000 90181 015 ***150.00 Principal Place of Business Mailing Address 8208 NW 64 STREET 8208 NW 64 STREET MIAMI FL 33166-2740 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0334488 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINARES, NEAL Street Address (P.O. Box Number is Not Acceptable) 8650 S.W. 133 AVE. RD. # 414~ **MIAMI FL 33183** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE ▼ Change Addition TITLE ÞD LINARES, NEAL EDUARDO NAME NAME LINARES, MAURICIO O STREET ADDRESS STREET ADDRESS 8650 SW 133 AVE. RD #414 8208 NW 64th Street CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33183 Miami,Fl. 33166 ☐ Addition ☐ Delete ☐ Change TITLE TITLE LINARES, MAURICIO DE JESUS NAME STREET ADDRESS STREET ADDRESS 8650 SW 133 AVE RD #414 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33183 Change ☐ Addition ☐ Delete TITLE TITLE LINARES, MAURICIO ORLANDO NAME NAME LINARES, NEAL EDUARDO STREET ADDRESS STREET ADDRESS 8650 SW 133 AVE RD #414 8208 NW 64th Street CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33183** Miami, Fl. 33166 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 4.26.00 ~(305)592 5510

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #