

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V58341

1. Entity Name

FONT & IMAGE AMERICA INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90030 011 ***150.00

Principal Place of Business

20533 BISCAYNE BLVD.
SUITE 4-328
NORTH MIAMI BEACH FL 33180

Mailing Address

20533 BISCAYNE BLVD.
SUITE 4-328
NORTH MIAMI BEACH FL 33180-1529

2. Principal Place of Business

4012 Crossbill Lane

3. Mailing Address

1112 Weston Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB # 165

City & State

Weston, FL

City & State

Weston, FL

Zip

33331

Country

U.S.A

Zip

33326

Country

U.S.A

4. FEI Number

65-0360994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVES, LUIS
20533 BISCAYNE BLVD
STE 4-328
N MIAMI BEACH FL 33180

Name

David Chaves

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

4012 Crossbill Lane

City

Weston

FL

Zip Code

33326

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

David Chaves

04/24/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CHAVES, DAVID	
STREET ADDRESS	6061 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAVES DAVID	
STREET ADDRESS	4012 Crossbill Lane	
CITY-ST-ZIP	Weston, FL 33331	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/00

Date

954 385 3436

Daytime Phone #

CR2E034 (9/99)