

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000010374

1. Entity Name
KAL GRAPHICS DESIGN STUDIOS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90021 025 ***150.00

Principal Place of Business
2901 STIRLING ROAD
#202
FT LAUDERDALE FL 33312
US

Mailing Address
1608 E BROWARD BLVD
FT LAUDERDALE FL 33301-2161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1881 NE 26TH ST

3. Mailing Address
~~1881~~ 1023 TEQUESTA ST.

Suite, Apt. #, etc.
201A

Suite, Apt. #, etc.

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE, FL

4. FEI Number 65-0563120

Applied For
 Not Applicable

Zip 33305 Country USA

Zip 33312 Country USA

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

LIPHARDT, KURT
1608 E BROWARD BLVD
FT LAUDERDALE FL 33301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPHARDT, KURT	NAME	
STREET ADDRESS	1608 E BROWARD BLVD	STREET ADDRESS	1023 TEQUESTA ST
CITY-ST-ZIP	FT LAUDERDALE FL 33301	CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILMAN, MARK	NAME	
STREET ADDRESS	1608 E BROWARD BLVD	STREET ADDRESS	1023 TEQUESTA ST.
CITY-ST-ZIP	FT LAUDERDALE FL 33301	CITY-ST-ZIP	FT. LAUDERDALE FL 33312
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Kurt Liphardt, DPST KURT LIPHARDT 4-7-00 954-564-7643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)