## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # H19767**

THE PHOTO SESSION, INC.

Principal Place of Business	Mailing Address					
O BOX 660033 SPRINGS FL 33266	P O BOX 660033 MIAMI SPRINGS FL 33266-0033					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					
	7: Country					

## FILED May 30, 2000 8:00 am Secretary of State

05-30-2000 90085 020 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

59-2443699

Applied For

4. FEI Number

				1			No	Applicable		
Zip ·	Country	Zip	Country	<b>5.</b> Cer	tificate of Status Desired		8.75 Add			
	6. Name and Address of Current I	Registered Agent	<u> </u>	7. Nan	ne and Address of New Reg	istered Ag	ent			
		Name -			-					
TPS MANAGEMENT 7225 NW 25 STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)						
STE	109							1		
MIAMI FL 33122										
	*		City			FL	Zip Code	•		
SIGNATURE	named entity submits this statement for		s registered office or regist			da.				
l	Signature, typed or printed name of registered agent a	no lite ii applicable (NOI	E. Hedistered Adent signature redui	ed when lesses	tung,	D/112				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 20	!!! FEE IS \$150.00 000 Fee will be \$550.00 ble to Department of Si	ate	10. Election Campaign Fina Trust Fund Contribution.		Added	May Be to Fees		
11.	OFFICERS AND I	DIRECTORS	12.	ADDI	TIONS/CHANGES TO OFFIC	ERS AND D	DIRECTORS	3 IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCT MATOS, IRMA 7225 NW 25 STREET STE 109 MIAMI FL 33122	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP				Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			***	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. المجاهدة . m	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
13. I hereby of	certify that the information supplied with	this filing does not qualify for true and accurate and that	or the exemption stated in the movement of the	Section 119 e same lea	9.07(3)(i), Florida Statutes. I f al effect as if made under oa	urther certif th; that I an	y that the in n an officer	nformation 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 AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR