

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33791

1. Entity Name

PALM BEACH PHOTOGRAPHIC CENTRE, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90106 006 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

|                                                                               |                                                                          |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Principal Place of Business<br>55 N.E. 2ND AVE<br>DELRAY BEACH FL 33444<br>US | Mailing Address<br>55 N. E. 2ND AVE.<br>DELRAY BEACH FL 33444-3701<br>US |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2801420</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>NEJAME, FATIMA<br>55 N.E. 2ND AVE.<br>DELRAY BEACH FL 33444 |
|--------------------------------------------------------------------------------------------------------------------|

|                                                    |             |
|----------------------------------------------------|-------------|
| 7. Name and Address of New Registered Agent        |             |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                           |                                                                                  |                                    |                                                  |
|-------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|
| <b>FILE NOW:</b><br><b>FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|-------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                               |
|----------------------------|-----------------------------------------------|
| TITLE                      | D <input type="checkbox"/> Delete             |
| NAME                       | NEJAME, ARTHUR                                |
| STREET ADDRESS             | 2310 E SILVER PALM RD.                        |
| CITY-ST-ZIP                | BOCA RATON FL                                 |
| TITLE                      | D <input type="checkbox"/> Delete             |
| NAME                       | NEJAME, FATIMA                                |
| STREET ADDRESS             | 2310 E SILVER PALM RD.                        |
| CITY-ST-ZIP                | BOCA RATON FL                                 |
| TITLE                      | DV <input checked="" type="checkbox"/> Delete |
| NAME                       | SEGEL, FLOYD                                  |
| STREET ADDRESS             | 231 BRADLEY PLACE                             |
| CITY-ST-ZIP                | PALM BEACH FL                                 |
| TITLE                      | D <input type="checkbox"/> Delete             |
| NAME                       | MCVAY, JAN                                    |
| STREET ADDRESS             | 1281 ROYAL PALM WAY                           |
| CITY-ST-ZIP                | BOCA RATON FL                                 |
| TITLE                      | CD <input type="checkbox"/> Delete            |
| NAME                       | FRANKEL, FRED                                 |
| STREET ADDRESS             | 6853 SW 18 ST #209                            |
| CITY-ST-ZIP                | BOCA RATON FL                                 |
| TITLE                      | SD <input type="checkbox"/> Delete            |
| NAME                       | NORMAN, JAMES                                 |
| STREET ADDRESS             | 300 E BROWARD BLVD                            |
| CITY-ST-ZIP                | FORT LAUDERDALE FL                            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                 |
|-------------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE                                                 | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                                                  | CHRIS BROWN                                                                     |
| STREET ADDRESS                                        | 218 NW 9th STREET                                                               |
| CITY-ST-ZIP                                           | DELRAY BEACH FL 33444                                                           |
| TITLE                                                 | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                                                  | FRANKEL, FRED                                                                   |
| STREET ADDRESS                                        | 6853 SW 18th ST. #209                                                           |
| CITY-ST-ZIP                                           | BOCA RATON FL                                                                   |
| TITLE                                                 | CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                                                  | GREEN, MICHAEL                                                                  |
| STREET ADDRESS                                        | 9610 SEA TURTLE DR.                                                             |
| CITY-ST-ZIP                                           | PLANTATION FL 33324                                                             |
| 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                                           |                                                                                 |

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. NEJAME 4/28/00 561/276-9797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

N33 791  
952827

PALM BEACH PHOTOGRAPHIC CENTRE, INC.

ADDITIONAL DIRECTORS:

Title D  
Name ALPERIN, JAY  
Street Address 3130 LOWSON BLVD  
City-St-Zip DELRAY BEACH, FL 33445

Title D  
Name ARVIDSON, PHIL  
Street Address 7305 GARDEN ROAD  
City-St-Zip RIVIERA BEACH, FL 33404

X Delete

Title CD  
Name GREENE, MICHAEL S.  
Street Address 9610 SEA TURTLE DRIVE  
City-St-Zip PLANTATION, FL 33324

Title D  
Name MITCHELL, TRUDI  
Street Address 750 PINE CHASE COURT  
City-St-Zip WELLINGTON, FL 33414

X Delete

Title D  
Name SIMON, ALEXANDER  
Street Address 555 S. FEDERAL HWY  
City-St-Zip DELRAY BEACH, FL 33483

Title D  
Name WALTER, KEN  
Street Address 2751 SOUTH DIXIE HWY  
City-St-Zip WEST PALM BEACH, FL 33416

X Delete

Title D  
Name KRAVIT, MICHAEL  
Street Address 1200 N FEDERAL HWY, SUITE 215  
City-St-Zip BOCA RATON, FL 33432