

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90019 003 \*\*\*\*61.25

**DOCUMENT # N33791**

1. Entity Name

**PALM BEACH PHOTOGRAPHIC CENTRE, INC.**



Principal Place of Business

**55 N.E. 2ND AVE  
DELRAY BEACH FL 33444  
US**

Mailing Address

**55 N. E. 2ND AVE.  
DELRAY BEACH FL 33444  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2801420**

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

**NEJAME, FATIMA  
55 N.E. 2ND AVE.  
DELRAY BEACH FL 33444**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEJAME, ARTHUR</b> <b>2310 E SILVER PALM RD.</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NEJAME, FATIMA</b> <b>2310 E SILVER PALM RD.</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCVAY, JAN</b> <b>1281 ROYAL PALM WAY</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRANKEL, FRED</b> <b>6853 SW 18 ST #209</b> <b>BOCA RATON FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>STEVEN SPADE NEWBURN</b> <b>177 S. FLAGLER DR.</b> <b>W. PALM BEACH, FL. 33401</b>	<input checked="" type="checkbox"/> ADD.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>BETH RUSSELL</b> <b>2751 S. DIXIE HIGHWAY</b> <b>W. PALM BEACH, FL. 33405</b>	<input checked="" type="checkbox"/> ADD.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CHRISTOPHER J. BROWN</b> <b>218 NW 9TH ST.</b> <b>DELRAY BEACH, FL. 33444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>TODD EVERETT</b> <b>2455 LINDELL BLVD. #3304</b> <b>DELRAY BEACH, FL. 33444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>PATRICIA HEALY-GOLEMBE</b> <b>19 ANDREWS AVE.</b> <b>DELRAY BEACH, FL. 33483</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>MALCOLM KAHL</b> <b>2929 E. COMMERCIAL BLVD.</b> <b>FORT LAUDERDALE, FL. 33308</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>MICHAEL GREENE</b> <b>1200 N. FEDERAL HIGHWAY</b> <b>BOCA RATON, FL. 33432</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>RICH McGOIN</b> <b>2275 N. SWINTON AVE.</b> <b>DELRAY BEACH, FL. 33444</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **FATIMA ALWANE JAMERE** *Fatima* 2-14-03 (561) 276-9797

CR2E037 (10/02)