

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90272 022 ***150.00

04036865

DOCUMENT # P95000001772

1. Entity Name
PHOTOLAB INTERNATIONAL COMPANY, INC.


Principal Place of Business Mailing Address
6465 RAQUET CLUB DRIVE LAUDERHILL FL 33319 **P O BOX 771210 CORAL SPRINGS FL 33077**

2. Principal Place of Business Suite, Apt. #, etc.
3000 N. UNIVERSITY DR STE E

3. Mailing Address Suite, Apt. #, etc.
P.O. Box 190358

City & State Zip Country City & State Zip Country
CORAL SPRINGS, FL 33065 **LAUDERHILL, FL 33319**

818579



DO NOT WRITE IN THIS SPACE

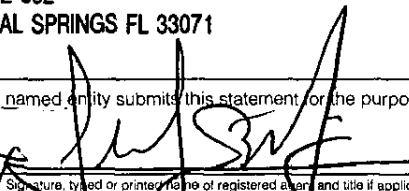
4. FEI Number **65-0547739** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RODRIGUEZ, FRANCISCO
210 N. UNIVERSITY DRIVE SUITE 502
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
 Name **Sergio Bigio**
 Street Address (P.O. Box Number is Not Acceptable) **3000 N. UNIVERSITY DR**
STE E
 City **CORAL SPRINGS** **FL** Zip Code **33065**

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

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, 2001 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**

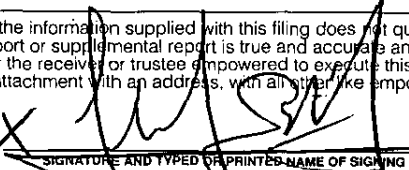
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD BIGIO, SERGIO R 2123 N STATE ROAD 7 (441) HOLLYWOOD FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **3/21/01** DAYTIME PHONE #: **954 346-7288**

CR2E034 (10/00)