FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2001 8:00 am DOCUMENT # P99000037656 Secretary of State 1. Entity Name CARLOS PONCE PHOTOGRAPHY, INC. 03-28-2001 90221 029 ***150.00 Principal Place of Business Mailing Address 8001 NW 36TH ST 8001 NW 36TH ST **STE 100** STE 100 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0914095 Not Applicable Zip \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SUEIRO, ALEXANDER Street Address (P.O. Box Number is Not Acceptable) 220 MIRACLE MILE SUITE STE-208-**CORAL GABLES FL 33134** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change TITLE ☐ Addition Delete TITLE PONCE, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 8001 NW 36TH ST-STE 100 CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33166 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PONCE, MARIVI NAME STREET ADDRESS STREET ADDRESS 8001 NW 36TH ST-STE 100 CITY-ST-7/P CITY-ST-ZIP MIAMI FL 33166 Delete ☐ Change ☐ Addition -VS. _ -- -- -- --- ---TITLE on the party .TITLE PONCE, CARLOS SR. NAME NAME STREET ADDRESS STREET ADDRESS 8001 NW 36TH ST-STE 100 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL 33166 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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 eath; 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.

SIGNAT	URE:
--------	------

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEXAMPLE SULTED Date Dayline Phone #