

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000092744

1. Entity Name

MIAMI PASSPORT PHOTO, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90193 007 ***150.00

Principal Place of Business

Mailing Address

~~357 EAST 1ST AVENUE~~
~~HALEAH FL 33010-4807~~

~~357 EAST 1ST AVENUE~~
~~HALEAH FL 33010-4807~~

2. Principal Place of Business

3. Mailing Address

383 EAST 1st AVENUE

383 EAST 1st AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HALEAH, CA

HALEAH, FL

Zip Country

Zip Country

33010-4807

33010-4807

4. FEI Number

65-0706447

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

KARANTSAIS, THEO

~~357 E 1 AVE~~

~~HALEAH FL 33010~~

383 EAST 1st AVENUE

HALEAH, FL 33010-4807

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

Theo Karantais

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

(NOTE: Registered Agent signature required when reinstating)

01/19/2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS KARANTSAIS, THEO
CITY-ST-ZIP ~~357 EAST 1ST AVENUE~~
~~HALEAH FL 33010-4807~~

TITLE ☒ Change ☐ Addition
NAME ADDRESS
STREET ADDRESS 383 EAST 1st AVENUE
CITY-ST-ZIP HALEAH, FL 33010-4807

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 the information required.

THEO DEMOS KARANTSAIS

SIGNATURE:

Theo Karantais
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/2000
Date

(305) 883-4672
Daytime Phone #

CR2E034 (9/99)