

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000092744**

1. Entity Name

**MIAMI PASSPORT PHOTO, INC.****FILED**  
**Jan 20, 2001 8:00 am**  
**Secretary of State**

01-20-2001 90019 046 \*\*\*150.00

0091223

Principal Place of Business	Mailing Address
383 EAST 1ST AVENUE HIALEAH FL 33010-4807	383 EAST 1ST AVENUE HIALEAH FL 33010-4807

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 660836

City & State	City & State
	Miami, FL
Zip	Country
33266-0836	

4. FEI Number	65-0706447	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARANTSAIS, THEO 383 EAST 1ST AVENUE HIALEAH FL 33010	Certified Fingerprint SAC GS-15 Duke Valentino, SAC GS-15 383 East 1st Avenue Hialeah, FL 33010 http://dukevalentino.com
	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 <u>Duke Valentino</u> Signature, typed or printed name of registered agent and title if applicable.	<u>Duke Valentino</u> (NOTE: Registered Agent signature required when reinstating)	<u>01/03/01</u> DATE
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	KARANTSAIS, THEO	NAME	
STREET ADDRESS	383 EAST 1ST AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33010-4807	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THEO DEMOS KARANTSAIS**01/03/01  
Date(305) 883-4672  
Daytime Phone #

CR2E034 (10/00)