

19-JUN-00 MON 09:52

FAX NO.

06/16/2000 16:19

3053715457

BAYSIDE PT

FILED

Jun 27, 2000 8:00 am
Secretary of State

05-12-2000 90076 013 ***150.00

2000 UNIFORM

T JBR)

DOCUMENT # 507938

1. Entity Name

MALEAH LAKES PHOTO CENTER, INC.

Principal Place of Business

401 BISCAYNE BLVD
S-130
MIAMI FL 33132
US

Mailing Address

401 BISCAYNE BLVD.
S-130
MIAMI FL 33132-1924
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1699082

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ALEJANDRO
401 BISCAYNE BLVD, SUITE S-130
MIAMI FL 33132

Name

MICHAEL LESLIE
Street Address (P.O. Box Number is Not Acceptable)

City

MIAMI

FL

Zip Code 33132

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 date it applies to

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirements and wishes 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 State10. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
PO	MCMAULIFFE, ZAVIER	CLIEVERAGH IND EST	USTOWEL CO	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
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)(f), 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, without other fee imposed.

SIGNATURE:

Date

Deputy Phone

16-JUN-00 FRI 21:26

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