

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 550891

1. Entity Name  
WILSON SCHOOL PICTURES, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90033 021 \*\*\*150.00

Principal Place of Business

10757 SW 188 STREET  
MIAMI FL 33157  
US

Mailing Address

10757 SW 188 STREET  
MIAMI FL 33157  
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 **NOT APPLICABLE**  
59-1782971

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILSON, JR., L.J.  
11340 SW 128 STREET  
MIAMI FL 33176

7. Name and Address of New Registered Agent.

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 *L.J. Wilson Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

**No CHANGE**  
(NOTE: Registered Agent signature required when reinstating)

**1-26-2001**  
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 ☐ Delete  
NAME **D**  
STREET ADDRESS **WILSON, NORA**  
CITY-ST-ZIP **11340 SW 128 STREET**  
**MIAMI FL**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **WILSON, JR., L.J.**  
CITY-ST-ZIP **11340 SW 128 STREET**  
**MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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)(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: *L.J. Wilson Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-26-2001**  
Date

Daytime Phone #

**305-253-7222**

CR2E034 (10/00)

0198714