

2000 UNIFORM BUSINESS REPORT (UBR)

8/3/

FILED

Aug 21, 2000 8:00 am
Secretary of State

08-03-2000 90004 006 ***158.75
08-21-2000 90204 031 ***400.00

DOCUMENT # -664481

1. Entity Name

American Photo, Inc

Principal Place of Business

Mailing Address

2200 n.w. 93rd Ave (same
Miami, Fl. 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

80104665

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

Teran, Ricardo
2200 n.w. 93rd Ave
Miami, Fl. 33172

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)

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	Teran Roberto J.B.	☐ Delete
NAME	231 Crandon Blvd. #227	
STREET ADDRESS	Key Biscayne, Fl. 33141	
CITY-ST-ZIP		
TITLE	Teran Ricardo S.	☐ Delete
NAME	2200 n.w. 93rd Ave	
STREET ADDRESS	Miami, Fl. 33172	
CITY-ST-ZIP		
TITLE	Teran Roberto S. Jr.	☐ Delete
NAME	6449 n.w. 109th Ave	
STREET ADDRESS	Miami, Fl. 33178	
CITY-ST-ZIP		
TITLE	Moriarty Maria E.	☐ Delete
NAME	245 W. Enid Drive	
STREET ADDRESS	Key Biscayne, Fl. 33140	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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
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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)(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: Mariarty Maria E. Moriarty 7/26/00 805-471-7701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)