

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90499 032 ***550.00

DOCUMENT # 669563

1. Entity Name:

CONTINENTAL FILM LABORATORIES OF FLORIDA, INC.

Principal Place of Business

1998 N.E. 150TH STREET
 NORTH MIAMI FL 33181

Mailing Address

1998 N.E. 150TH STREET
 NORTH MIAMI FL 33181

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2040226

Applied For ☒
 Not Applicable ☐

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

KRISS, RONALD A
2 SOUTH BISCAYNE BLVD.
SUITE 3400
MIAMI FL 33131

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

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

(NOT

Registered Agent's 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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	JACKSON, EDWIN SMITH, JR	
STREET ADDRESS	1998 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LANKFORD, FRANK	
STREET ADDRESS	1998 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	RODGERS, THOMAS M., JR.	
STREET ADDRESS	1998 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BITETTI, MICHAEL	
STREET ADDRESS	1998 NE 150TH ST	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	COO	<input type="checkbox"/> Delete
NAME	Kenn Mitchell	
STREET ADDRESS	1998 NE 150th St	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH MITCHELL	
STREET ADDRESS	1998 N E 150 ST	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. SMITH JACKSON JR

Date

5/24/01

Daytime Phone #

305-949-4252

CR2E034 (10/00)