

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90101 023 ***150.00

DOCUMENT # 669563

1. Entity Name
CONTINENTAL FILM LABORATORIES OF FLORIDA, INC.

Principal Place of Business Mailing Address
1998 N.E. 150TH STREET **1998 N.E. 150TH STREET**
NORTH MIAMI FL 33181 **NORTH MIAMI FL 33181**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2040226** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
American Information Services, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
One S. E. Third Avenue, 28th Floor
 City **Miami** **FL** Zip Code **33131**

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.

American Information Services, Inc.

SIGNATURE *Nery C. Toledo* **Nery C. Toledo, Asst. Sec.**

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, 2002 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	EVP	<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	COO	<input type="checkbox"/> Delete
NAME	MITCHELL, KENNETH	
STREET ADDRESS	1998 NE 150 STREET	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, EDWIN SMITH, JR	
STREET ADDRESS	1998 N.E. 150TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL	
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		

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: *Nery C. Toledo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/2002
 Date

305-949-4252
 Daytime Phone #

CR2E034 (9/01)