

19-JUN-00 MON 09:52

FAX NO.

06/16/2000 16:19

3053715457

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2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 27, 2000 8:00 am**
Secretary of State

05-12-2000 90073 001 ***150.00

DOCUMENT # G92713

1. Entity Name

PHOTO DISCOUNTERS, INC.

Principal Place of Business

**401 BISCAYNE BOULEVARD
SUITE S-130
MIAMI FL 33132
US**

Mailing Address

**401 BISCAYNE BOULEVARD
SUITE S-130
MIAMI FL 33132-1904
US**

2. Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2761810**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ALEJANDRO FERNANDEZ
401 BISCAYNE BOULEVARD
SUITE S-130
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

Michael LESLIE

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

10840 SW 156 STREET

City

MIAMI

FL

Zip Code

33157

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 of Registered Agent or authorized officer and date of signature.

(NOTE: Registered Agent signature required when registering)

DATE

9. This corporation is obligated to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$160.00**
After MAY 1, 2000 Fee will be \$350.00
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-STATE-ZIP	☐ Delete
PD	MC AULIFFE, XAVER	CLUEVERAGH IND EST	LISTOWEL CO	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 907, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or in an attachment with an address, with all other like information.

SIGNATURE:

16-JUN-00 FRI 21:26

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