

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K15655**

1. Entity Name

TRUE PHOTO, INC.**FILED**
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90058 050 ***150.00

Principal Place of Business

Mailing Address

5749 S.W. 40 ST.
MIAMI FL 33155
US7500 NW 69TH AVE
MEDLEY FL 33166-2502

C0028351



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

65-0032750

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

Name

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

City

FL

Zip Code

DIAZ, ENRIQUE J
7600 N.W. 69 AVENUE
MEDLEY FL 33166

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 State10. 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	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.
<input checked="" type="checkbox"/> Delete	S	GONZALEZ, DRISCKA	8350 N.W. 167 TERR. MIAMI FL	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> Delete	T	GONZALEZ, REYNALDO	8101 NW 166 ST. MIAMI FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<input checked="" type="checkbox"/> Delete	P	CLAVIJO, EDUARDO	3541-FLAMINGO DR. MIAMI BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Delete	VP	DIAZ, ENRIQUE J.	10341 S.W. 37 ST. MIAMI FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	PRESIDENT	ENRIQUE J. DIAZ	10341 S.W. 37 ST. MIAMI FL 33165	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SECR	RAUL MENEGES	12601 N.W. 79 PL. MIAMI GARDENS FL 33018	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Change <input type="checkbox"/> Addition				

CR2E034 (9/99)

SIGNATURE:

ENRIQUE J. DIAZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/00 305-885-9774