

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90003 010 ***150.00

DOCUMENT # K31574

1. Entity Name

IMAGO PHOTO, INC.

Principal Place of Business

13611 S. DIXIE HWY. #105
MIAMI FL 33176

Mailing Address

13611 S. DIXIE HWY. #105
MIAMI FL 33176

818940



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13205 S.W. 137 AVE

3. Mailing Address

13205 S.W. 137 AVE

Suite, Apt. #, etc.

121

Suite, Apt. #, etc.

121

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0067818

Applied For

Not Applicable

Zip

33186

Country

U.S.

Zip

33186

Country

U.S.

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

NERCESS, ED.

13611 S. DIXIE HWY. #105
MIAMI FL 33176

Name

ED NERCESS

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

13205 S.W. 137 AVE. # 121

City

MIAMI

FL

Zip Code

33186

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

Ed Nercess ED NERCESS PRESIDENT

1/16/2001

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, 2001 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 ☐ Delete
NAME P
STREET ADDRESS NERCESS, ED
CITY-ST-ZIP 13611 S. DIXIE HWY #105
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS ED NERCESS
CITY-ST-ZIP 13205 S.W. 137 AVE. # 121
MIAMI, FL. 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/2001 (355) 969-6993
Date Daytime Phone #

CR2E034 (10/00)