5/15/2

FILED
Jun 24, 2002 8:00 am
Secretary of State
05-15-2002 90134 014 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010542

1. Entity Name
PHOTO 2 ART, LLC.

Principal Place of Business	Mailing Address
9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024	9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024

94017

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8180 NW 36 ST	8180 NW 36 ST
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: MIAMI, FL	City & State: MIAMI FL
Zip: 33166 Country: USA	Zip: 33166 Country: USA

4. FEI Number: 65-1119809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOVAR, JOSE G
9900 STIRLING ROAD SUITE 222
HOLLYWOOD FL 33024

7. Name and Address of New Registered Agent

Name: ~~TOVAR DEL CORRAL JOSE G~~
Street Address (P.O. Box Number is Not Acceptable): ARIAS TOVAR & ASSOCIATES, PA
8180 NW 36 ST, SUITE 100
City: MIAMI FL Zip Code: 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] JOSE G. TOVAR DEL CORRAL 4/25/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAFRANI, RICHARD 9900 STIRLING ROAD SUITE 222 HOLLYWOOD FL 33024	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAFRANI, RICHARD 8180 NW 36ST, SUITE 100 MIAMI, FL 33166	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: * SIGNATURE REQUIRED [signature] RICHARD ZAFRANI, MGR 4/25/02 (305)477-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #