

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95580

1. Entity Name

B & W PHOTO FINISHING, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90013 037 ***150.00

Principal Place of Business

Mailing Address

12242 SW 132 CT
MIAMI FL 33186
US

12242 SW 132 CT
MIAMI FL 33186-6476
US

2. Principal Place of Business

3. Mailing Address

7056 S.W. 44 ST.

7056 S.W. 44 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL

Zip

33155

Country

USA

Zip

33155

Country

USA

4. FEI Number

65-0213676

Applied For

Not Applicable

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

JOSE J. PEREZ
12242 S.W. 132ND CT.
MIAMI FL 33186

Name

JOSE J. PEREZ

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

7056 S.W. 44 ST.

City

MIAMI

FL

Zip Code

33155

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

JOSE J. PEREZ - PRESIDENT

4-3-2000

Signature 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 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	PSD	<input type="checkbox"/> Delete
NAME	PEREZ, JOSE JAVIER	
STREET ADDRESS	6410 SW 130 AVE #504	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPTD	<input checked="" type="checkbox"/> Delete
NAME	CHIRINOS, ANTONIO	
STREET ADDRESS	12242 S.W. 132 CT.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIRINOS, ANTONIO	
STREET ADDRESS	7056 S.W. 44 ST	
CITY-ST-ZIP	MIAMI, FL. 33155	
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		
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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:

SIGNATURE OF REGISTERED AGENT

4-3-2000

Date

(786) 268-0040

Daytime Phone #

CR2E034 (9/99)