

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 25 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L99000006716

**1. Entity Name**  
INTERNATIONAL CAMERA CENTER, LLC

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>4275 OKEECHOBEE BLVD.<br>WEST PALM BEACH FL 33409 | <b>Mailing Address</b><br>4275 OKEECHOBEE BLVD.<br>WEST PALM BEACH FL 33409 |
|---|---|

|                                       |         |                           |         |
|---------------------------------------|---------|---------------------------|---------|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |
| City & State                          |         | City & State              |         |
| Zip                                   | Country | Zip                       | Country |



DO NOT WRITE IN THIS SPACE

|   |  |  |
|---|--|--|
| <b>4. FEI Number</b><br>65-0953791      |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> |  | <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                  |

**6. Name and Address of Current Registered Agent**

PALENCIA, GUILLERMO  
4275 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**9. MANAGING MEMBERS/MANAGERS**

|  |                                 |
|--|---------------------------------|
| TITLE<br><del>President/Manager</del>                  | <input type="checkbox"/> Delete |
| NAME<br><del>4275 Okeechobee Blvd, A9</del>            | Disregard this one              |
| STREET ADDRESS<br><del>West Palm Beach, FL 33409</del> |                                 |
| CITY-ST-ZIP  |                                 |
| TITLE<br>manager                                       | <input type="checkbox"/> Delete |
| NAME<br>Guillermo Palencia                             |                                 |
| STREET ADDRESS<br>4275 Okeechobee Blvd, A9             |                                 |
| CITY-ST-ZIP<br>West Palm Beach, FL 33409               |                                 |
| 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  |                                 |

**10. ADDITIONS/CHANGES**

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |

500003342565  
-08/01/00-01881-018  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

**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:** \_\_\_\_\_ **REQUIRED** **7/7/00** **(561) 684-988**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2000 (5/00)