2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # M26346 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** B & W PHOTO, INC. 03-24-2000 90117 017 ***150.00 Principal Place of Business Mailing Address 3686 WEST OAKLAND PARK BOULEVARD 3686 WEST OAKLAND PARK BOULEVARD LAUDERDALE LAKES FL 33311 LAUDERDALE LAKES FL 33311-1148 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-265 1886 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAFFER, HENRY ESQ Street Address (P.O. Box Number is Not Acceptable) 7770 WEST OAKLAND PARK BOULEVARD **SUITE 210** SUNRISE FL 33351 Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ■ Addition ☐ Change TITLE ☐ De!ete HARRIS, RUSSELL NAME 22953 SANDALFOOT BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Change Addition ☐ Delete TITLE TITLE ZALCHBERG, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 238 NEPTUNE AVENUE CITY-ST-ZIP-CITY-ST-ZIP LAUDERDALE-BY-THE-SEA FL 33306 ---☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 embowered 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 applicast with all other like empowered.