FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jan 19, 2001 8:00 am **DOCUMENT # M33777** Secretary of State 1. Entity Name STARK PHOTOGRAPHY INC. 01-19-2001 90059 012 \*\*\*150.00 Principal Place of Business Mailing Address 7121 S.W. 173RD WAY 7121 S.W. 173RD WAY FT. LAUDERDALE FL 33331 FT. LAUDERDALE FL 33331 700339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2684544 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STARK, IRVING A. Street Address (P.O. Box Number is Not Acceptable) 7121 S.W. 173RD WAY FT. LAUDERDALE FL 33331 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Defete TITLE ☐ Change STARK, IRVING A. -NAME NAME STREET ADDRESS STREET ADDRESS 7121 S.W. 173RD WAY CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition STARK, NANCY J. NAME NAME STREET ADDRESS 7121 S.W. 173RD WAY STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THAWLEY, LORETTA NAME NAME STREET ADDRESS **6140 FILLMORE STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.