

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90165 011 ***150.00

DOCUMENT # P00000003521

1. Entity Name
INTERNATIONAL PHOTO EQUIPMENT COMPANY



Principal Place of Business
29655 STATE RD 561
TAVARES FL 32778

Mailing Address
29655 STATE RD 561
TAVARES FL 32778

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3616394**

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

KARESH, ADAM
9626 HOLLYGLEN PL.
WINDERMERE FL 34786

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00.

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Delete
NAME **KARESH, ADAM**
STREET ADDRESS **9626 HOLLYGLEN PL.**
CITY-ST-ZIP **WINDERMERE FL 34786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 407810 2178

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

80121490
P00000022519

ISIDOROS A. MEREOS, D.D.S.

General • Cosmetic • Implant Dentistry



1315 Alton Road
Miami Beach, FL 33139
Telephone: (305) 532-9114
www.PreciousSmiles.com

May 23, 2003

To: Dept of State

Please accept this payment for my UBR without penalty, even though the deadline of May 1st has passed. Due to changes in accounting personal, these forms were lost in the transition from one accountant to the other, and it just came to my attention today that these forms were not mailed on time. I called your 850-245-6096 number and spoke to a representative who informed me that this letter would be adequate to prevent being charged a late fee. Thank you so very much for your understanding, if you have any questions, please feel free to call me.

Sincerely,

Isidoros A. Mereos DDS.