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FILED
Jun 21, 2001 8:00 am
Secretary of State

05-23-2001 91173 008 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004744

1. Entity Name

PICTURE PERFECT CONSULTING, INC.

Principal Place of Business

1251 STILLWATER DRIVE
MIAMI BEACH FL 33141

Mailing Address

1251 STILLWATER DRIVE
MIAMI BEACH FL 33141

2. Principal Place of Business

3503 NE 2ND AV

Suite, Apt. #, etc.

3. Mailing Address

3503 NE 2ND AV

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0986061

Applied For

Not Applicable

Zip

33137

Country

US

Zip

33137

Country

US

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

SERFATY, CHARLES S
4330 SHERIDAN STREET SUITE 202B
HOLLYWOOD FL 33021

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.

(NOT: 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
After MAY 1, 2001 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

TITLE: DPST
 NAME: HALLOT, PATRICE
 STREET ADDRESS: 1251 STILLWATER DRIVE
 CITY-ST-ZIP: MIAMI BEACH FL 33141 ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
 NAME: ☐ Delete
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TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition

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

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

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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE - OR DIRECTOR

04/30/2001 305 5311027
 Date Daytime Phone #

CR2E034 (10/00)