

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90370 045 ***150.00

DOCUMENT # P00000004821

1. Entity Name
BEST PHOTO IMAGE, INC.

Principal Place of Business

15467 SW 146 TERRACE
 MIAMI FL 33196

Mailing Address

15467 SW 146 TERRACE
 MIAMI FL 33196

2. Principal Place of Business

16241 SW 88 STREET

Suite, Apt. #, etc.

3. Mailing Address

16241 SW 88 STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 MIAMI FL

City & State
 MIAMI FL

4. FEI Number

65-1053761

Applied For

Not Applicable

Zip
 33193

Country

USA

Zip
 33193

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, ALEX
 15467 SW 146 TERRACE
 MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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!!! FEE IS \$150.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 MEDARDO MARTINEZ
 242 Palm Island
 MIAMI BEACH FL 33139

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V.P.
 ALEX FERNANDEZ
 15467 SW 146 TERRACE
 MIAMI FL 33196

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

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☐ Addition

TITLE
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 STREET ADDRESS
 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 empowered.

SIGNATURE: ALEX FERNANDEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/01

Date

305-205-1126

Daytime Phone #

CR2E034 (10/00)