

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90165 010 ***550.00

DOCUMENT # P00000041012

1. Entity Name
AVENTURA PHOTO & STUDIO, INC.

Principal Place of Business
20335 BISCAYNE BLVD.
AVENTURA FL 33180

Mailing Address
~~20335 BISCAYNE BLVD.~~
~~AVENTURA FL 33180~~



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
46 ALMAN 17290 NE 19 Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
No. Miami Beach, FL

4. FEI Number
65-0443500

Applied For
 Not Applicable

Zip Country

Zip Country
33162

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

ALMAN, MARTIN H
17290 N.E. 19TH AVENUE
NORTH MIAMI BEACH FL 33162

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 _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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|----------------|--|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | ROSE, DANIEL |
| STREET ADDRESS | 20335 BISCAYNE BLVD. |
| CITY-ST-ZIP | AVENTURA FL 33180 |
| TITLE | S <input type="checkbox"/> Delete |
| NAME | SUSSMAN, ALICE |
| STREET ADDRESS | 20335 BISCAYNE BLVD. |
| CITY-ST-ZIP | AVENTURA FL 33180 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
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| NAME | |
| STREET ADDRESS | |
| 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02
 DATE

Daytime Phone #

CR2E034 (4/02)