2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State
02-05-2002 90099 018 ***150.00

DOCUMENT # P00000049647

1. Entity Name
CARLOS GASTELBONDO PHOTOGRAPHY, INC.

Principal Place of Business	Mailing Address
16755 NW 13TH STREET PEMBROKE PINES FL 33028	16751 NW 12 ST PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	16755 NW 13 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: PEMBROKE PINES, FL
Zip / Country	Zip: 33028 / Country: BROWARD

4. FEI Number 65-1010210 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GASTELBOÑDO, CARLOS
16751 NW 12 ST
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name: GASTELBONDO CARLOS
Street Address (P.O. Box Number is Not Acceptable): 16755 NW 13 ST
City: PEMBROKE PINES FL Zip Code: 33028

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] DATE: JAN 18, 2002
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 $150.00
After May 1, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASTELBONDO, CARLOS 16751 NW 12 ST PEMBROKE PINES FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GASTELBONDO, CARLOS 16755 NW 13th STREET PEMBROKE PINES, FL 33028	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / 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: [signature] Date: JAN 18, 2002 Daytime Phone #: (954) 435 3986
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)