

2001 UNIFORM BUSINESS REPORT (UBR)

4/11/

FILED

May 05, 2001 8:00 am
Secretary of State

04-11-2001 90089 033 ***150.00

DOCUMENT # P00000074416

1. Entity Name

CUPPA TEA PHOTOGRAPHY, INC.

Principal Place of Business

Mailing Address

**20500 NORTHEAST 8TH COURT
MIAMI FL 33179**

**20500 NORTHEAST 8TH COURT
MIAMI FL 33179**

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

65-1033225

Applied For

No: 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

SPIEGEL & UTRERA, P.A.

343 ALMERIA AVENUE

CORAL GABLES FL 33134

Name

Sheri L. Van-Loen

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

20500 NE 8TH COURT

City

Miami

FL

Zip Code

33179

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

Sheri L. Van-Loen

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/27/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **FLIEGELMAN, SHERI LYNN**
STREET ADDRESS **20500 NORTHEAST 8TH COURT**
CITY-STATE-ZIP **MIAMI FL 33179**

TITLE ☒ Change ☐ Addition
NAME **Sheri Lynn Van-Loen**
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VD** ☒ Delete
NAME **VAN LOEN, KEITH**
STREET ADDRESS **20500 NORTHEAST 8TH COURT**
CITY-STATE-ZIP **MIAMI FL 33179**

TITLE ☒ Change ☒ Addition
NAME **Van-Loen, Keith**
STREET ADDRESS **20500 NE 8TH COURT**
CITY-STATE-ZIP **Miami, FL 33179**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Sheri L. Van-Loen

2/27/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Phone #

CR2E034 (10-00)