

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90238 009 ***150.00

DOCUMENT # P00000079543

1. Entity Name
PHOTOS, INC.



DO NOT WRITE IN THIS SPACE

11016892

2. Principal Place of Business
400 Kings Point Dr

3. Mailing Address
400 Kings Point Dr.

Suite, Apt. #, etc.
1226

Suite, Apt. #, etc.
1226

DO NOT WRITE IN THIS SPACE

City & State
Sunny Isles Beach, Fl.

City & State
Sunny Isles Beach, Fl.

4. FEI Number
65-1049542

Applied For
Not Applicable

Zip
33160

Country
USA

Zip
33160

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Karroum, Miguel

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

400 Kings Point Dr. # 1226

City **Sunny Isles Beach** **FL** Zip Code **33160**

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

[Signature] **PRESIDENT**

Miguel Karroum

4-22-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
Karroum, Miguel
400 Kings Point Dr. # 1226
Sunny Isles Beach, Fl. 33160

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Bernal Maria Elena
400 Kings Point Dr # 1226
Sunny Isles Beach, Fl. 33160

TITLE
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STREET ADDRESS
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

Miguel Karroum

4-22-03 305-948-4369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #