...EPORT (UBR)

DOCUMENT # P00000098456

Entity Name
REMBRANT PHOTO STUDIO & BRIDAL SHOP, INC

FILED
Jun 19, 2001 8:00 am
Secretary of State
05-16-2001 90239 032 ***150.00

Principal Place of Business	Mailing Address
10910 W Flagler St #115 MIAMI, FL 33174	10910 W Flagler St #115 MIAMI FL 33174

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-1050491 ☐ Applied For ☐ Not 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
CHAPPOTIN, OMAR 3157 S.W. 25 St Miami, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) 10910 W FLAGLER ST #115 City Miami FL Zip Code 33174

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: Omar Chappotin President 04/26/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete	PD CHAPPOTIN, OMAR 3157 S.W. 25 St Miami FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 12841 S.W 43 Dr apt 154A Miami, FL 33175
☐ Delete	VD JORGE LUIS LAGUILLO 1731 SW 83 AVE MIAMI FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Omar Chappotin President 04/26/01 (305) 480-7677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #