

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 015 ***150.00

DOCUMENT # P00000110110 ✓
1. Entity Name
Ocean's Realm & Beyond Photography, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 348481 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 348481 Suite, Apt. #, etc.
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City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33234	Country USA

4. FEI Number 65-1058845	Applied For <input type="checkbox"/> Not Applicable
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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 Canete, Raul
Street Address (P.O. Box Number is Not Acceptable) 851 N.E. 2nd Place
City Hialeah
State FL
Zip Code 33010

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, 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PO	NAME Canete, Raul	TITLE	NAME
STREET ADDRESS P.O. Box 348481	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Coral Gables, FL 33234	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VO	NAME Cancela, Barbara	TITLE	NAME
STREET ADDRESS P.O. Box 348481	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Coral Gables, FL 33234	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Cancela Vice-President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/02 (786) 457-4840
Date Daytime Phone #

CR2E034B (12/01)