

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90951 028 ***158.75

0203349 AV

DOCUMENT # P00000113754

1. Entity Name
PICTURES OF LIGHT, INC.

Principal Place of Business
905 BRICKELL BAY DRIVE SUITE 1629
MIAMI FL 33131

Mailing Address
905 BRICKELL BAY DRIVE SUITE 1629
MIAMI FL 33131

B0057823



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1717 N. Bayshore Drive
 Suite, Apt. #, etc.
3452

3. Mailing Address
1717 N. Bayshore Drive
 Suite, Apt. #, etc.
3452

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-1065745** Applied For ☐ Not Applicable ☐

Zip **33132** Country **Miami-Dade** Zip **FL 33132** Country **Miami-Dade**

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

ZENDO CAPITAL INC.
905 BRICKELL BAY DRIVE SUITE 1629
MIAMI FL 33131

Name
 Street Address (P.O. Box Number is Not Acceptable)
1717 N. Bayshore Drive
Suite 3452
 City **MIAMI** FL **33132**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D	<input type="checkbox"/> Delete	TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEUERMEISTER, WOLF		NAME	THEUERMEISTER, WOLF	
STREET ADDRESS	905 BRICKELL BAY DRIVE SUITE 1629		STREET ADDRESS	1717 N. Bayshore Drive 3452	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BAUMGARTNER, HEIDRUN	
STREET ADDRESS			STREET ADDRESS	1717 N. Bayshore Drive 3452	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33132	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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: W. THEUERMEISTER 03/22/02 305/3720706
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)