

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

04-17-2002 90152 029 ***150.00

DOCUMENT # P01000000946

1. Entity Name

MARMAC PROFESSIONAL PHOTOGRAPHY, INC.

Principal Place of Business

**633 SOUTHEAST THIRD AVENUE
 SUITE 4F
 FORT LAUDERDALE FL 33301**

Mailing Address

**633 SOUTHEAST THIRD AVENUE
 SUITE 4F
 FORT LAUDERDALE FL 33301**

2. Principal Place of Business

633 SE 3 Ave.

Suite, Apt. #, etc.

Suite 4R

City & State

Ft. Lauderdale, Fl

Zip

33301 USA

3. Mailing Address

633 SE 3 Ave.

Suite, Apt. #, etc.

Suite 4R

City & State

Ft. Lauderdale, Fl

Zip

33301 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1071690

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOWES, JOHN R
 633 SOUTHEAST THIRD AVENUE
 SUITE 4F
 FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

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

TITLE	PST	<input type="checkbox"/> Delete
NAME	MIRANDE, MARCELLA M	
STREET ADDRESS	633 SOUTHEAST THIRD AVENUE, 4R	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MIRANDE, MARCELLA M	
STREET ADDRESS	633 SOUTHEAST THIRD AVENUE, 4R	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marcella M. Mirande
Marcella M. Mirande
 President

Date

(561) 866-5522

Daytime Phone #

CR2E034 (9/01)