

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-28-2002 90139 039 ***150.00

0041383 SP

DOCUMENT # P01000017524

1. Entity Name

PHOTOTES, INC.

Principal Place of Business

Mailing Address

**5026 IBES PLACE
 COCONUT CREEK FL 33073**

**5026 IBES PLACE
 COCONUT CREEK FL 33073**

2. Principal Place of Business

5026 IBIS PLACE

3. Mailing Address

5026 IBIS PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

4. FEI Number

65-1077680

Applied For

Not Applicable

Zip

33073

Country

BROWARD

Zip

33073

Country

BROWARD

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

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

MICHAEL H. FISCHER

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

5026 IBIS PLACE

City

COCONUT CREEK

FL

Zip Code

33073

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

Michael H. Fischer

MICHAEL H. FISCHER

1/16/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **FISCHER, MICHAEL H**
 STREET ADDRESS **5026 IBES PLACE**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ Change ☐ Addition
 NAME **5026 IBIS PLACE**
 STREET ADDRESS **COCONUT CREEK FL 33073**
 CITY-ST-ZIP

TITLE **VTD** ☐ Delete
 NAME **FISCHER, LASZLO**
 STREET ADDRESS **5026 IBES PLACE**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ Change ☐ Addition
 NAME **5026 IBIS PLACE**
 STREET ADDRESS **COCONUT CREEK FL 33073**
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **FISCHER, VIBEKE**
 STREET ADDRESS **5026 IBES PLACE**
 CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE ☒ Change ☐ Addition
 NAME **5026 IBIS PLACE**
 STREET ADDRESS **COCONUT CREEK FL 33073**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:

Laszlo Fischer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-02

Date

954 571 3886

Daytime Phone #

CR2E034 (9/01)