

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

FILED
Mar 13, 2002 8:00 am
Secretary of State

DOCUMENT # P01000051754

1. Entity Name

GLOBAL CAMERA & GALLERY, INC.

02-13-2002 90132 023 ***150.00

03-13-2002 90105 015 ***150.00

DO NOT WRITE IN THIS SPACE

421535

2. Principal Place of Business
11025 International Dr.

3. Mailing Address
926 Truman Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#A
City & State
Orlando, FL

City & State
Key West, FL

4. FEI Number
593720815

Applied For
Not Applicable

Zip
32821

Country
USA

Zip
33040

Country
USA

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
Sonny S. Shlomi

Street Address (P.O. Box Number is Not Acceptable)
11025-A International Dr.

City
Orlando

FL

Zip Code
32821

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) ☐

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Sonni S. Shlomi
11025-A International Dr.
Orlando, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/D
Yair Kadosh
526 Duval St.
Key West, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/T/D
Oren Brockman
11025-A International Dr.
Orlando, FL 32821

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yair Kadosh
Date *3/6/02*
Daytime Phone *305-294-7414*

CR2E0348 (12/01)