

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90139 025 ***150.00

DOCUMENT # P01000052295

1. Entity Name
JB DIGITAL PHOTOS, INC.



Principal Place of Business
**18924 NW 57TH AVENUE #104
MIAMI FL 33015**

Mailing Address
**18924 NW 57TH AVENUE #104
MIAMI FL 33015**



2. Principal Place of Business
1978 W 60th Street
Suite, Apt. #, etc.

3. Mailing Address
1978 W 60th Street
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Hialeah - Florida

City & State
Hialeah - Florida

4. FEI Number **65-1107030**

Applied For
Not Applicable

Zip **33012** Country **Miami-Dade**

Zip **33012** Country **Miami-Dade**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JAIME, LUIS E
18924 NW 57TH AVENUE #104
MIAMI FL 33015**

7. Name and Address of New Registered Agent

Name **Luis Barcenas**
Street Address (P.O. Box Number is Not Acceptable)
1978 W 60th Street
City **Hialeah** **FL** Zip Code **33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/22/2003**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☒ Delete
NAME **JAIME, LUIS E**
STREET ADDRESS **18924 NW 57TH AVENUE #104**
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **VSD** ☐ Delete
NAME **BARCENAS, LUIS**
STREET ADDRESS **7001 W 35TH AVE #310**
CITY-ST-ZIP **HIALEAH FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/22/2003 **(305) 512-9562**

CR2E034 (10/02)