

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

DOCUMENT # 701000064470
1. Entity Name
SUNSET PHOTO LAB & STUDIO CORP

FILED

02 APR 19 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>8738 SW 72 ST</u>		3. Mailing Address <u>8738 SW 72 ST</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>MIAMI FL</u>		City & State <u>MIAMI FL</u>	
Zip <u>33173</u>	Country <u>USA</u>	Zip <u>33173</u>	Country <u>USA</u>

4. FEI Number Applied For
Not Applicable

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

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7. Name and Address of Current Registered Agent

Name JORGE AVILA

Street Address (P.O. Box Number is Not Acceptable)
608 DE LEON DR

City MIAMI SPRING FL Zip Code 33166

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] DATE APR 18 2002

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**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**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>PRESIDENT JORGE AVILA MIAMI SPRING 608 DE LEON DR FL 33166</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>900005348219-- -04/25/02--01048--018 ****158.75 ****158.75</u>
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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] Date APR 18 2002 Daytime Phone # 786 457 0302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR