FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91201 035 ***150.00

DOCUMENT # P02000018462

1. Entity Name
HESTER ESQUENAZI PHOTOGRAPHY INC

DO NOT WRITE IN THIS SPACE

20032132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o VIRGILIO VEGA III, CPA	c/o VIRGILIO VEGA III, CPA
Suite, Apt. #, etc. 2700 Glades Circle Suite 113	Suite, Apt. #, etc. 318 INDIAN TRACE PMB 530
City & State Weston, FL	City & State Weston, FL
Zip 33327 Country USA	Zip 33326 Country USA

4. FEI Number 75-3021577 ☐ Applied For ☐ Not Applicable

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 VIRGILIO VEGA III

Street Address (P.O. Box Number is Not Acceptable) 2700 Glades Circle Suite 113

City Weston FL Zip Code 33327

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 _____ VIRGILIO VEGA III 4/1/03
Signature (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	ESQUENAZI, ARI A.
STREET ADDRESS	2700 Glades Circle Suite 113
CITY-ST-ZIP	Weston, FL 33327
TITLE	VPD
NAME	MITRANI, HESTER
STREET ADDRESS	2700 Glades Circle Suite 113
CITY-ST-ZIP	Weston, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE
TITLE	IN THIS SPACE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ HESTER MITRANI 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #