

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-09-2003 90175 045 ***150.00

DOCUMENT # P02000058689

1. Entity Name
PHOTO PLAY LAS AMERICAS, INC.



Principal Place of Business
**19 WEST FLAGLER ST., STE. 605
MIAMI FL 33130**

Mailing Address
**19 WEST FLAGLER ST., STE. 605
MIAMI FL 33130**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0646008

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ACOSTA, ALBERTO
19 WEST FLAGLER ST., STE. 605
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **RAWNY GARAY, ESQ**
Street Address (P.O. Box Number is Not Acceptable)
19 W. FLAGLER ST SUITE 605
City **MIAMI, FL** Zip Code **33130**

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]
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/2003

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 **D** ☐ Delete
NAME **ACOSTA, ALBERTO**
STREET ADDRESS **19 WEST FLAGLER ST., STE. 605**
CITY-ST-ZIP **MIAMI FL 33130**

TITLE **D** ☐ Delete
NAME **KIMURA, YUKIO**
STREET ADDRESS **19 WEST FLAGLER ST., STE. 605**
CITY-ST-ZIP **MIAMI FL 33130**

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 **PRES/D** ☒ Change ☐ Addition
NAME **ACOSTA ALBERTO**
STREET ADDRESS **19 W. FLAGLER ST STE 605**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **D/VP** ☒ Change ☐ Addition
NAME **KIMURA, YUKIO**
STREET ADDRESS **19 W. FLAGLER ST SUITE 605**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **D/SECRETARY** ☐ Change ☒ Addition
NAME **JOSE GREGORIO CAPOBIANCO**
STREET ADDRESS **19 W. FLAGLER ST STE 605**
CITY-ST-ZIP **MIAMI, FL 33130**

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

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

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

4/7/2003

305-373-8355

DATE

Daytime Phone #

CR2E034 (10/02)