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

## P02000072898 **DOCUMENT #**



## **FILED** Mar 19, 2003 8:00 am Secretary of State

ALL ABOUT MEMORIES PHOTO AND VIDEO INC.						03-19-2003 9	90124 020 ***15	0.00
Principal Place of Business 6575 NW 1ST STREET MARGATE FL 33063		6575	Mailing Address 6575 NW 1ST STREET MARGATE FL 33063					
2. Principal	Place of Business	13 Ma	illing Address					
		3. Ma	5. Mailing Address				, saist motti (öttiö (1884 1811	18 1818) 1811 (88)
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City	City & State			4. FEI Number 82-05(3)	170	Applied For Not Applicable
Zip	Country	Zip		Country	/	5. Certificate of Status Desired	□ \$8.75 A Fee Requi	dditional
	6. Name and Address of C	urrent Register	ed Agent		Nama	7. Name and Address of New Re	gistered Agent	
TEHERAN	I, CARLOS E				Name			
	1ST STREET				Street Address (P.O. Box Number is Not Acceptable)			
	E FL 33063							
					City	· · · · · · · · · · · · · · · · · · ·	FL Zip Co	de
8. The above	e named entity submits this stater	nent for the purp	ose of changing its	registered	office or registe	red agent, or both, in the State of Flori		
the obliga	itions of registered agent.		ggg	109,010.00	omoc or regists	red agent, or both, in the state of Fior	ida. Tam tamiliai wiki	i, and accept
SIGNATURE			•					ĺ
	Signature, typed or printed name of registere	ed agent and title if app	olicable. (NOTE	: Registered A	gent signature required	d when reinstating)	DATE	<del></del>
F	TLE NOW!!! FEE IS \$150.0	10						
						1		
Afte	r May 1, 2003 Fee will be \$55	0.00				9. Election Campaign Fina		00 May Be
Make Chec	k Payable to Florida Departm	ent of State				9. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees
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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 effect the trustee empowered to effect the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<del>XUPE</del>D SIGNAT SIGNATURE AND TYPED OF PRINTED ME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #