

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 028 ***150.00

DOCUMENT # P02000074269

1. Entity Name

DIKRAN PROFESSIONAL PHOTOGRAPHY & VIDEOGRAPHY INC.



Principal Place of Business

P.O. BOX 15483
FERNANDINA BEACH FL 32034

Mailing Address

P.O. BOX 15483
FERNANDINA BEACH FL 32034

2. Principal Place of Business

1 N. 4th Street
Suite, Apt. #, etc.
205

3. Mailing Address

Same

City & State

Fernandina Beach, FL

City & State

Zip

32034

Country

Nassau

Country

4. FEI Number

11-364-3420

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

KORIAL & ASSOCIATES, LLC
9425 CRAVEN ROAD
SUITE 5
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 P
NAME TERZIAN, DIKRAN
STREET ADDRESS P.O. BOX 15483
CITY-ST-ZIP FERNANDINA BEACH FL 32034

TITLE V
NAME DALLO, ZOHAI
STREET ADDRESS 181 RIVER OAK DRIVE
CITY-ST-ZIP FERNANDINA BEACH FL 32034

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME MREICH, MICHEL
STREET ADDRESS 2413 First Avenue # 2-6
CITY-ST-ZIP Fernandina Beach, FL 32034

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

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: Michael Mreich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03

904-206-1086

Date

Daytime Phone #

CR2E034 (10/02)