

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91366 049 \*\*\*150.00

**DOCUMENT #** P02000134446

**1. Entity Name**

L & Y Photography, Inc.  
PO Box 490921  
Fort Lauderdale, FL 33329



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

4699 N SR7 G

**3. Mailing Address**

PO Box 490921

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite G**

**City & State**

Tamarac, FL 33319

**City & State**

Fort Lauderdale, FL

**Zip**

33319

**Country**

Broward

**Zip**

33329

**Country**

Broward

**4. FEI Number**

85-0485371

**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**

Losaire Bien-Aime

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

206 N Flagler Avenue

**City**

Pompano Beach

**FL**

**Zip Code**

33060

**DO NOT WRITE  
IN THIS SPACE**

**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**

**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** President  
**NAME** Yvain P. Auguste  
**STREET ADDRESS** PO Box 490921  
**CITY-ST-ZIP** Fort Lauderdale, FL 33329

**TITLE** V/President  
**NAME** Loretta Saintil-Auguste  
**STREET ADDRESS** PO Box 490921  
**CITY-ST-ZIP** Fort Lauderdale, FL 33329

**TITLE** Secretary  
**NAME** Loretta Saintil-Auguste  
**STREET ADDRESS** PO Box 490921  
**CITY-ST-ZIP** Fort Lauderdale, FL 33329

**TITLE** Treasurer  
**NAME** Yvain P. Auguste  
**STREET ADDRESS** PO Box 490921  
**CITY-ST-ZIP** Fort Lauderdale, FL 33329

**TITLE**  
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IN THIS SPACE**

**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:** Yvain P. Auguste Yvain P. Auguste

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2003

Date

(954) 727-2787

Daytime Phone #

CR2E034B (12/02)