

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

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90038 010 ***150.00

DOCUMENT # P92000015345

1. Entity Name
LOUIS JAY STUDIO, INC.



Principal Place of Business
**180 NE 39TH ST
SUITE 223
MIAMI FL 33137**

Mailing Address
**180 NE 39TH ST
SUITE 223
MIAMI FL 33137**



2. Principal Place of Business
27 NE 27th ST.
Suite, Apt. #, etc.

3. Mailing Address
27 NE 27th ST.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIAMI FL
Zip
33137
Country
USA

City & State
MIAMI FL
Zip
33137
Country
USA

4. FEI Number
65-0385105

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SUCKLE, LOUIS J
180 NE 39TH ST
SUITE 223
MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name
LOUIS J. SUCKLE
Street Address (P.O. Box Number is Not Acceptable)
27 NE 27th STREET
City
MIAMI FL Zip Code
33137

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  DATE **3-3-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D SUCKLE, LOUIS J
180 NE 39TH ST SUITE 223
MIAMI FL 33173** ☐ Delete

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

TITLE
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☐ Change ☐ Addition

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:  **3-3-05** **305-573-3311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

002000015345

CR2E034 (10/02)