FILED

2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 02, 2002 8:00 am Secretary of State **DOCUMENT #** P94000018771 1. Entity Name 4-02-2002 90041 037 ***150 00 DANA PHOTO STUDIO BY VARELA, INC. Mailing Address Principal Place of Business 152 154 HIALEAH DRIVE 152-154 HIALEAH DRIVE HIALEAH FL HIALEAH FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0473972 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VARELA, GERARDO Street Address (P.O. Box Number is Not Acceptable) 152-154 HIALEAH DRIVE HIALEAH FL Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) Delete TITLE ☐ Change Addition TITLE **PSD** NAME NAME varela, gerardo STŘ<u>e</u>et address STREET ADDRESS 152-154 HIALEAH DRIVE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME **BORREGO, NORMA** STREET ADDRESS STREET ADDRESS 154 HIALEAH DR. CITY-ST-7IP CITY-ST-7IP HIALEAH FL TITLE Delete Change F1 Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.