

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P950000 77429**

1. Entry Name

A TOUCH OF CLASS PHOTOGRAPHY INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91185 001 ***155.00

C0070100

Principal Place of Business

1371 NE 163rd ST
North Miami Beach
FL, 33162

Mailing Address

805 NE 7 ST #B
Hallandale, FL, 33009

2. Principal Place of Business

1371 NE 163rd ST.

Suite, Apt. #, etc.

3. Mailing Address

805 NE 7 ST

Suite, Apt. #, etc.

#B

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI BEACH, FL

City & State

HALLANDELE FL.

4. FEI Number

65-0630521

☒ Applied For

☐ Not Applicable

Zip

33162

Country

U.S.

Zip

33009

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEVIN L. HAGEN
3990 SHERIDAN ST. suite 100
HOLLYWOOD, FLORIDA, 33021

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.

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

Tax filing requirement and elects to do so:

(See criteria on back)

☒

FILE NOW!!!

After MAY 1, 200

Make Check Payable

FEE IS \$150.00

Fee will be \$550.00

to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☒

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete
NAME **GIANCARLO FRASCA**
STREET ADDRESS **805 NE 7 ST #B**
CITY-ST-ZIP **HALLANDELE FL, 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report; that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GIANCARLO FRASCA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/5/01 (305)949-8480
Date Date/Time Phone #

CR2E034 (11/00)