2000 UNIFORM BUSINESS REPORT (UBR)

5/9/00

FILED
Jun 21, 2000 8:00 am
Secretary of State
05-09-2000 90012 027 ***150.00

104254

DOCUMENT # P96000084951
Entry Name DIEGO ROBLEDO PHOTOGRAPHY INC.

Principal Place of Business: 365 S.W. 25 ROAD MIAMI, FL 33129

Mailing Address:

Principal Place of Business: 365 SW. 25 ROAD
Suite, Apt. # etc.:
City & State: MIAMI, FL
Zip: 33129 Country: US

3. Mailing Address: SAME
Suite, Apt. # etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0699789 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIEGO ROBLEDO
365 SW. 25 ROAD

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete	DIRECTOR ROBLEDO DIEGO J. 555 NE 15 ST. SUITE 7711 MIAMI FL. 33132	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE: 06/14/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #