

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90037 011 ***150.00

DOCUMENT # P96000092180

1. Entity Name
ALLIANCE PROFESSIONAL PHOTO LAB, INC.

Principal Place of Business

1399 SE 9TH AVE
 #6
 MIAMI FL 33010
 US

Mailing Address

1399 SE 9TH AVE
 SUITE #6
 MIAMI FL 33010
 US

2. Principal Place of Business

411 W 28 St

3. Mailing Address

411 W 28 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33010

Country

US

Zip

33010

Country

US

4. FEI Number

65-0720199

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANGANO, DANIEL S
 18824 N.W. 89TH COURT
 MIAMI FL 33018

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!!! FEE IS \$150.00
After May 1, 2002 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME MANGANO, DANIEL S
STREET ADDRESS 18824 N.W. 89TH COURT
CITY-ST-ZIP MIAMI FL 33018

TITLE ☒ Change ☐ Addition
NAME 18306 NW 68 Ave Apt A
STREET ADDRESS Miami FL 33015
CITY-ST-ZIP

TITLE S ☒ Delete
NAME MANGANO, IDANYS
STREET ADDRESS 18824 NW 89 CT
CITY-ST-ZIP HIALEAH FL 33018

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-02 305 885-9495

Date

Daytime Phone #

CR2E034 (9/01)