2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State
01-20-2001 90019 046 ***150.00

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DOCUMENT # P96000092744

1. Entity Name
MIAMI PASSPORT PHOTO, INC.

Principal Place of Business	Mailing Address
383 EAST 1ST AVENUE HIALEAH FL 33010-4807	383 EAST 1ST AVENUE HIALEAH FL 33010-4807

C0006755

2. Principal Place of Business	3. Mailing Address
	P.O. Box 660836
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami, FL
Zip / Country	Zip: 33266-0836 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0706447 ☐ 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
KARANTSALIS, THEO 383 EAST 1ST AVENUE HIALEAH FL 33010	Name Street Address (P.O. Box Number is not acceptable) City FL Zip Code

Certified Fingerprint Site
Duke Valentino, SAC GS-15
383 East 1st Avenue
Hialeah, FL 33010
http://dukevalentino.com

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], President Duke Valentino 01/08/01
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P KARANTSALIS, THEO 383 EAST 1ST AVENUE HIALEAH FL 33010-4807 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] THEO DEMOS KARANTSALIS 01/08/01 (305)883-4672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #