2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000000876** Mar 28, 2000 8:00 am **Secretary of State** CLASSIC PHOTOGRAPHY STUDIOS INC. 03-28-2000 90008 012 ***150.00 Principal Place of Business Mailing Address 16684 BLATT BLVD. 12229 SW 53RD ST. SUITE 57 STF 310 COOPER CITY FL 33330 FORT LAUDERDALE FL 33326-2613 2. Principal Place of Business Greens Edge CIF DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0727785 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOSCHIAVO, MARILYN A Street Address (P.O. Box Number is Not Acceptable) 16684 BLATT BLVD. SUITE 57 FORT LAUDERDALE FL 33326 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change TITLE TITLE ☐ Delete LOSCHIAVO, MARILYN A NAME NAME FT. LAUDBYDALC, FL 33326 STREET ADDRESS STREET ADDRESS 16684 BLATT BLVD., #57 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33326 Addition ☐ Delete TITLE TITLE 16684 Greens Edge Cir#57 FT. Lauserbale, FL33326 LOSCHIAVO, VINCENT A NAME NAME STREET ADDRESS 16684 BLATT BLVD., #57 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33326 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 of 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 poort at required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the changed, or on an avac eceiver or trustee empowered to exec