

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0378422 AV

DOCUMENT # P97000008892

1. Entity Name  
RE-MAX PHOTOGRAPHY STUDIO INC.



FILED

03 OCT 15 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
CHECK HERE IF MAKING CHANGES 83

Principal Place of Business  
3222 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

Mailing Address  
3222 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0731833

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

## 6. Name and Address of Current Registered Agent

KAUFMANN, MAXIMILLIAN  
3222 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

700023821517  
10/15/03--01062--020 \*\*150.00

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KAUFMANN, MAXIMILLIAN	
STREET ADDRESS	129 SEMINOLE AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

*Maximilian Kaufman*

10/5/03

Date

Daytime Phone #

CR2E034 (10/02)

THE PHOTOGRAPHY STUDIO

3222 SOUTH DIXIE HIGHWAY

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West Palm Beach, FL 33405

561- 833-6181 fax 561- 833-6185

October 5, 2003

Florida Department of State

Division of Corporations

Tallahassee, FL 32314

I had a slight stroke and was laid up for about 5 weeks. My business was closed and my neighbor took my mail and put it in a box for safekeeping.

When I reopened the business she forgot to give me back all of the mail and held back one of the boxes by mistake with the letter from your department to pay the \$ 150.00 to renew the Corporation.

I have always paid the fee on time for the many years I have been in business and I would be very happy if you could overlook this late payment. I will not let this happen again.

Yours truly

  
Maximilian Kaufmann

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RE-MAX Photography Studio

FEI No: 65-0731833