

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078246

1. Entity Name

FOTO ZOOM, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90154 006 ***150.00

Principal Place of Business

Mailing Address

2264 NW 87TH AVE
MIAMI FREE ZONE 1M1
MIAMI FL 33172
US

2264 NW 87TH AVE
MIAMI FREE ZONE 1M1
MIAMI FL 33172-2414
US

2. Principal Place of Business
2264 NW 87TH AVE

3. Mailing Address 2264 NW 87TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip Country
33172 USA

Zip Country
33172 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0826728

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

JHANGIMAL, SONIA
9425 SW 91ST STREET
MIAMI FL 33176

Name JHANGIMAL SONIA

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

2264 NW 87TH AVE

City MIAMI FL Zip Code 33172

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 Sonia D. Jhangimal SONIA D. JHANGIMAL 04-25-00

Signature, typed or printed name of registered agent and title (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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PTD	JHANGIMAL, SONIA D	2264 NW 87TH AVE	MIAMI FL 33172	<input type="checkbox"/>
PTD	JHANGIMAL, SURESH	2264 NW 87TH AVE	MIAMI FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: Sonia D. Jhangimal SONIA D. JHANGIMAL 04-25-00 305-591-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)