2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000010674

1. Entity Name

JOSE ROSARIO PHOTOGRAPHY, INC.

FILED Jan 26, 2000 8:00 am Secretary of State

0002 110	Onlie Therediatin, ine					6-2000 90099	001 **		
Principal Place	of Business	Mailing Address							
1222-A NE 4TH AVE. FORT LAUDERDALE FL 33304		1222-A NE 4TH AVE. FORT LAUDERDALE FL 33304-1925 ,		ſ					
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2. Principal Place of Business		3. Mailing Address			1 10011001110	letet (in periode) Berling (in periode)		DIA Pa ra dalah 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number	65-0810922		L	pplied For
Zip	Country	Zip	Country	5	Certificate of	Status Desired		\$8.75 Ad	Iditional ed
	6. Name and Address of Current Ro	egistered Agent		7.	Name and Ad	dress of New Re	egistered		
			Name			,		_	
	RIO, JOSE UNSET DR, #1806	Street		ddress (P.O. E	Box Number is	Not Acceptable)		
FORT	LAUDERDALE FL 33301						-		
			City	· · · · ·			FL	Zip Coo	de
8. The above n	named entity submits this statement for t	he purpose of changing its req	gistered office or	registered ag	ent, or both, i	n the State of Flo.	rida.		
SIGNATURE	signature, typed or printed name of registered agent and	tatle if applicable (NOTE: Re	egistered Agent signatu	re required when n	einstating)		DATE		
9 This corpor	ation is eligible to satisfy its Intangible	FILE NOW!!!	FFF IS \$150.0		_				
Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		50.00	1	on Campaign Fina Fund Contribution			00 May Be ed to Fees
11.	OFFICERS AND D	RECTORS	12.	AD	DITIONS/CH	IANGES TO OFFI	CERS AND	DIRECTOR	3S IN 11
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13. I hereby ce									

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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CONTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>ں مرادا ا</u>

954-522-5566

Daytime Phone #