

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023849

1. Entity Name

CASCO PHOTO, INC.

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90002 042 ***550.00

Principal Place of Business

1450 N TRAFALGAR CIRCLE
HOLLYWOOD FL 33020

Mailing Address

1450 N TRAFALGAR CIRCLE
HOLLYWOOD FL 33020-2524

2. Principal Place of Business

405 South 21st AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood Florida

City & State

Zip

Country

33020

BROWARD

Zip

Country

4. FEI Number

65-0820487

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

STEPHEN J. BOYARSKY

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

1450 N. TRAFALGAR CIRCLE

City

HOLLYWOOD

FL

Zip Code

33020

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, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/5/2000

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	PSD	<input type="checkbox"/> Delete
NAME	BOYARSKY, STEPHEN J	
STREET ADDRESS	1450 N TRAFALGAR CIRCLE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAScone, JOHN	
STREET ADDRESS	1450 N TRAFALGAR CIRCLE	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	Sec. Robert friedman	Sec <input type="checkbox"/> Delete
NAME	405 1/2 S. 21st AVE	
STREET ADDRESS	Hollywood, FL 33020	
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		

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

STEPHEN J. BOYARSKY

6/05/2000 * 954-923-6010

Date

Daytime Phone #

CR21 034 '9/91'