

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90108 046 ***150.00

DOCUMENT # P98000045168

1. Entity Name

PLATA IMAGE STUDIO, INC.

Principal Place of Business

Mailing Address

8087 S. DIXIE HWY
 MIA. FL 33143

8087 S. DIXIE HWY
 MIAMI FL. 33143

A0060863

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0837016

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

7. Name and Address of New Registered Agent

DARIO PLATA
 16022 S.W. 103 CT
 MIAMI FL 33157

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title (if 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, 2001 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 ☐ Delete
 NAME DARIO PLATA
 STREET ADDRESS 16022 S.W. 103 CT
 CITY, ST, ZIP MIAMI FL 331

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE ☐ Delete
 NAME HORACIO PLATA
 STREET ADDRESS 16022 S.W. 103 CT
 CITY, ST, ZIP MIAMI FL 33

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY, ST, ZIP

TITLE ☐ Change ☐ Addition
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 CITY, ST, ZIP

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TITLE ☐ Delete
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 CITY, ST, ZIP

TITLE ☐ Change ☐ 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 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Expiring Date

4.18.2001