

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED

Aug 10, 2000 8:00 am
Secretary of State

06-19-2000 90003 006 ***150.00
08-10-2000 90001 023 ***400.00

DOCUMENT # P98000049815

1. Entity Name

PICTURE PERFECT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1031 NE 205 TERRACE
SUITE 228
NORTH MIAMI BEACH FL 33179

1031 NE 205 TERRACE
SUITE 228
NORTH MIAMI BEACH FL 33179-2530

2. Principal Place of Business

3. Mailing Address

1031 NE 205 Terr.

1031 NE 205 Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 228

Suite 228

City & State

City & State

NMB, FL

NMB, FL

Zip

Country

Zip

Country

33179

USA

33179

USA

4. FEI Number 65-0844985

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

DELGADO, DONNA M P.A.
1031 IVES DAIRY ROAD
SUITE 228
NORTH MIAMI BEACH FL 33179

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, 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
NAME NEIL, PAUL D
STREET ADDRESS 820 NW 210 STREET, #108
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/29/00 (305) 654-0888