

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049815

1. Entity Name
PICTURE PERFECT ENTERPRISES, INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90053 007 ***550.00

0056425 AV

Principal Place of Business
1031 NE 205 TERR
STE 228
N MIAMI BCH FL 33179

Mailing Address
1031 NE 203 TERR
STE 228
N MIAMI BCH FL 33179

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1031 NE 205 TERR
Suite, Apt. #, etc.
Suite 228
City & State
MIAMI FLORIDA
Zip
33179
Country
USA

3. Mailing Address
1031 NE 205 TERR
Suite, Apt. #, etc.
Suite 228
City & State
MIAMI FLORIDA
Zip
33179
Country
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

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	NEIL, PAUL D	
STREET ADDRESS	820 NW 210 STREET, #108	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Please change address to address below	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL, PAUL D.	
STREET ADDRESS	1031 NE 205 TERR. Ste 228	
CITY-ST-ZIP	MIAMI, FLA 33179	
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		<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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/01 954 882810
Date Daytime Phone #

CR2E034 (5/01)