

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090367

1. Entity Name

PRECIOUS MOMENTS PHOTOGRAPHY, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90139 002 \*\*\*158.75

Principal Place of Business

Mailing Address

16207 LAKE HEAD CT.  
TAMPA FL 33618

P O BOX 24674  
TAMPA FL 33623-4674

2. Principal Place of Business

3. Mailing Address

14721 Redcliff Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
TAMPA FL

City & State

4. FEI Number 59-3544284

Applied For  
Not Applicable

Zip  
33625

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

RIVERA-MORALES, ALLISON  
16207 LAKE HEAD CT  
TAMPA FL 33618

Name

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

14721 Redcliff Drive

City TAMPA

FL

Zip 33625

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 *Allison Rivera-Morales* - ALLISON RIVERA-MORALES

4-30-00

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	P	<input type="checkbox"/> Delete
NAME	RIVERA-MORALES, ALLISON	
STREET ADDRESS	16207 LAKEHEAD CT.	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14721 Redcliff Drive	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Allison Rivera-Morales* - ALLISON RIVERA-MORALES 4-30-00 (813) 964-0387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)