

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092977

1. Entity Name

PRECIOUS LITTLE PEOPLES PORTRAITS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90271 006 ***150.00

Principal Place of Business

4038 N OCEAN DR 1401 S OCEAN DR
HOLLYWOOD FL 33019 ES01

Mailing Address

1749 E HALLANDALE BLVD
#189
HALLANDALE FL 33009

2. Principal Place of Business

1401 S OCEAN DR
Suite, Apt. #, etc.
ES01

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

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4. FEI Number 65-0873049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

State

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

TITLE PTD
NAME ALTENBURG, FREDERICK C
STREET ADDRESS 1255 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE SVD
NAME ALTENBURG, PATRICIA J
STREET ADDRESS 1255 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE V
NAME LOVELESS, STEPHAN D
STREET ADDRESS 1255 WASHINGTON STREET
CITY-ST-ZIP HOLLYWOOD FL 33019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1401 S OCEAN DR ES01 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 1401 S OCEAN DR ES01 ☒ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 1749 E HALLANDALE #189 ☒ Change ☐ Addition
CITY-ST-ZIP HALLANDALE FL 33009

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

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

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

Signature File #

CR2E034 (10/00)