

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90104 040 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **P-98000101653**
 1. Entity Name
R.2R. PHOTO STUDIO, INC.

Principal Place of Business Mailing Address
10920 WFLA BLER ST. STE #202
MIAMI FL 33174

2. Principal Place of Business 3. Mailing Address
10920 WFLA BLER ST
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE #202
 City & State City & State
MIAMI FL
 Zip Country Zip Country

4. FEI Number **65-0881485** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBERTO D. DE VILLEGAS
10920 W. FLA BLER ST #204
MIAMI, FL 33174

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when nominating)

DATE

This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
PD	DE VILLEGAS, ROBERTO D. 10920 W. FLA BLER ST MIAMI FL 33174		☐ Change ☐ Addition
VD	BORGES, FERNANDO 501 NW 5TH AV. #48 MIAMI FL 33124		☒ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition

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: **X [Signature]**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000 (205)
 Date Daytime Phone #