

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/3

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**  
 03-03-2000 90020 024 \*\*\*150.00

**DOCUMENT # P99000002805**

1. Entity Name

**H. MUNOZ PHOTOGRAPHY, INC.**

Principal Place of Business

**6256 SOUTHWEST 13TH STREET  
 WEST MIAMI FL 33144**

Mailing Address

**6256 SOUTHWEST 13TH STREET  
 WEST MIAMI FL 33144-5804**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Miami**

City & State

**Florida**

4. FEI Number

**65-0899171**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**MUNOZ, HIGINIO JR.  
 6256 SOUTHWEST 13TH STREET  
 WEST MIAMI FL 33144**

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)

*Higinio Munoz Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

**2/14/00**

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Higinio Munoz Jr.	
STREET ADDRESS	6256 S.W. 13 St.	
CITY-ST-ZIP	Miami, Fla. 33144	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Higinio Munoz Jr.	
STREET ADDRESS	6256 S.W. 13 St.	
CITY-ST-ZIP	Miami, Fla. 33144	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Higinio Munoz Jr.	
STREET ADDRESS	6256 S.W. 13 St.	
CITY-ST-ZIP	Miami, Fla. 33144	
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		
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		
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)(f), 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:** *Higinio Munoz Jr.*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)