

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010183

1. Entity Name

CAMERA ACCENT PRODUCTIONS, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90026 046 \*\*\*158.75

Principal Place of Business

Mailing Address

8865 S.W. 36TH STREET  
MIAMI FL 33165

8865 S.W. 36TH STREET  
MIAMI FL 33182-2467

80011155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3001 SW 28 LANE

3001 SW 28 LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 7

SUITE 7

City & State

City & State

MIAMI, FL

MIAMI, FL

4. FEI Number

65-0893561

Applied For

Not Applicable

Zip

Country

33133

U.S.A.

Zip

Country

33131

U.S.A.

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

ALMEIDA, JORGE L  
3001 SW 28 LANE  
SUITE 7  
MIAMI FL 33131

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

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	TD	<input type="checkbox"/> Delete
NAME	ALMEIDA, JORGE L	
STREET ADDRESS	8865 S.W. 36TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like information.

SIGNATURE: JORGE L ALMEIDA PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan, 25-00 (305) 442-0707  
Date Daytime Phone #