

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036585

1. Entity Name

ULI'S PHOTO CORPORATION

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90070 037 ***150.00

Principal Place of Business

1318 LAFAYETTE STREET
CAPE CORAL FL 33904

Mailing Address

1318 LAFAYETTE STREET
CAPE CORAL FL 33904-9770

2. Principal Place of Business

ULI's Photo Corp

3. Mailing Address

ULI's Photo Corp.

Suite, Apt. #, etc.

1529 SE, 47th Terrace

Suite, Apt. #, etc.

1529 SE, 47th Terrace

City & State

Cape Coral Florida

City & State

Cape Coral FL

Zip

33904

Country

FL

Zip

33904

Country

FL

4. FEI Number

65-0914506

Applied For

Not Applicable

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

Name

H. Ulrich and Jlse Veronika Aue

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

1529 SE, 47th Terrace

City

Cape Coral

FL

Zip Code

33904

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

Aue

Veronika Aue

03-27-00

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 PD
NAME AVE, HANS-ULRICH
STREET ADDRESS 1318 LAFAYETTE STREET
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

TITLE
NAME Aue Hans-Ulrich ☒ Change ☐ Addition
STREET ADDRESS 1529 SE, 47th Terrace
CITY-ST-ZIP Cape Coral, FL 33904

TITLE VD
NAME AVE, Jlse V.
STREET ADDRESS 1318 LAFAYETTE STREET
CITY-ST-ZIP CAPE CORAL FL 33904 ☒ Delete

TITLE
NAME Aue, Jlse Veronika ☒ Change ☐ Addition
STREET ADDRESS 1529 SE, 47th Terrace
CITY-ST-ZIP Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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:

Veronika Aue

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-27-00

542 7204

CR2E034 (9/99)