

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037656

1. Entity Name

CARLOS PONCE PHOTOGRAPHY, INC.

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90032 015 ***150.00

| | |
|--|---|
| Principal Place of Business C/O ALEXANDER SUEIRO 1001 BRICKELL BAY DRIVE SUITE 900 MIAMI FL 33131 | Mailing Address C/O ALEXANDER SUEIRO 1001 BRICKELL BAY DRIVE SUITE 900 MIAMI FL 33131-4937 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| 2. Principal Place of Business 8001 NW 36 STREET Suite, Apt. #, etc. SUITE 100 City & State MIAMI, FL Zip 33166 Country USA | 3. Mailing Address 8001 NW 36 STREET Suite, Apt. #, etc. SUITE 100, ATTN: A. SUEIRO City & State MIAMI, FL Zip 33166 Country USA |
|--|---|

| | |
|---|--|
| 4. FEI Number 65-0914095 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SUEIRO, ALEXANDER
~~1001 BRICKELL BAY DRIVE SUITE 900~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 220 MIRACLE MILE
 SUITE 203
 City CORAL GABLES FL Zip Code 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | DP/DP PONCE, CARLOS / CARLOS A. PONCE 1001 BRICKELL BAY DRIVE SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PONCE, CARLOS 1001 BRICKELL BAY DRIVE SUITE 900 MIAMI FL 33131 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS CARLOS PONCE SR. <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CARLOS A PONCE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8001 NW 36 STREET SUITE 100 MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER MARIVI PONCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8001 NW 36 STREET SUITE 100 MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS. CARLOS PONCE SR. <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 indicated on an attachment with an address, with all other like empowered.

SIGNATURE: Carlos Ponce CARLOS PONCE 1/15/00 305-599-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)