

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

Mailing Address

C/O ALEXANDER SUEIRO
 1001 BRICKELL BAY DRIVE SUITE 900
 MIAMI FL 33131

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

3. Mailing Address

8001 NW 36 STREET

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100, ATTN: A. SUEIRO

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0914095

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

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

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

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

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.

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 ~~DP~~ DP Delete
 NAME ~~PONCE, CARLOS~~ / CARLOS A. PONCE
 STREET ADDRESS ~~1001 BRICKELL BAY DRIVE SUITE 900~~
 CITY-ST-ZIP MIAMI FL ~~33131~~

TITLE CARLOS A PONCE DP Change Addition
 NAME
 STREET ADDRESS 8001 NW 36 STREET
 CITY-ST-ZIP SUITE 100 MIAMI, FL 33166

TITLE T Delete
 NAME ~~PONCE, CARLOS~~
 STREET ADDRESS ~~1001 BRICKELL BAY DRIVE SUITE 900~~
 CITY-ST-ZIP MIAMI FL ~~33131~~

TITLE TREASURER MARIVI PONCE Change Addition
 NAME
 STREET ADDRESS 8001 NW 36 STREET
 CITY-ST-ZIP SUITE 100 MIAMI, FL 33166

TITLE VS Delete
 NAME CARLOS PONCE SR.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VS. Change Addition
 NAME CARLOS PONCE SR.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(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:

[Signature] 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)