

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 26, 2002 8:00 am**  
**Secretary of State**

06-26-2002 90074 034 \*\*\*150.00

DOCUMENT # **P99000042727**

1. Entity Name

**P & S Image**

**DO NOT WRITE IN THIS SPACE**

**B0125966**

2. Principal Place of Business

**9661 SW 148 Pl**

Suite, Apt. #, etc.

3. Mailing Address

**9661 SW 148 Pl**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

City & State

**Miami, Florida**

4. FEI Number

**65-0919373**

Applied For

Not Applicable

Zip

**33196**

Country

**Dade**

Zip

**33196**

Country

**Dade**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Pablo Blum**

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

**9661 SW 148 Pl**

**Miami, FL**

**33196**

City

**Miami**

FL

Zip Code

**33196**

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
**Pablo Blum  
(President)  
9661 SW 148 Pl  
Miami, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Sandra Aguilon  
(Vice-President)  
9661 SW 148 Pl Miami, FL 33196**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

**Sandra Aguilon**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-20-02**

**305-3817570**

Date

Daytime Phone #

CR2E034B (12/01)

attachment

May 21, 2002

Department of State  
Division of Corporations  
Tallahassee, Florida

Subject: P & S Image, Inc. - P99000042727

To Whom It May Concern:

Recently we received back the annual business report for the 2002 year. We apologize for any inconvenience this may have caused. ~~An error occurred in our mailing address which affected all of our correspondence.~~ Our correct address is 9661 S W 148 Place Miami, Florida 33196.

Please accept the enclosed check as payment for my annual report since I have not received the proper form.

Thank you very much for your cooperation.

Sincerely,



Pablo Blum  
President