

2000 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
May 02, 2000 8:00 am
Secretary of State

03-14-2000 90016 010 ***150.00

DOCUMENT # P99000068464

1. Entity Name

CUSTOM PHOTOGRAPHIC. INC.

Principal Place of Business

Mailing Address

4315 NW 7TH STREET #50
 MIAMI FL 33126

4315 NW 7TH STREET #50
 MIAMI FL 33126-3561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0938246

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

~~SOLANO, GUSTAVO~~
~~1223 SW 120 AVENUE~~
~~MIAMI FL 33184~~

Name
SANCHEZ, JULIO CESAR
 Street Address (P.O. Box Number is Not Acceptable)
833 SW 9TH COURT

City
MIAMI

FL

Zip Code
33130

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

TITLE **PTD** ☐ Delete
 NAME **SANCHEZ, JULIO CESAR**
 STREET ADDRESS **833 SW 9TH COURT**
 CITY-ST-ZIP **MIAMI FL 33130**

TITLE **VPSD** ☒ Delete
 NAME ~~**SOLANO, GUSTAVO**~~
 STREET ADDRESS ~~**1223 SW 120 AVENUE**~~
 CITY-ST-ZIP ~~**MIAMI FL 33184**~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VPSD** ☐ Change ☒ Addition
 NAME **SANCHEZ, MARLENE**
 STREET ADDRESS **833 S.W. 9TH COURT**
 CITY-ST-ZIP **MIAMI, FL 33130**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
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 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 if changed, or on an attachment with an address, with all other like empowered. **JULIO CESAR SANCHEZ**

SIGNATURE: * **SIGNATURE REQUIRED PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/00 (304) 446-3686

Date

Daytime Phone #

CR2E034 (9/99)