## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 29, 2000 8:00 am Secretary of State DOCUMENT # P99000068494 FOTOSHOW GROUP, INC. 01-29-2000 90106 023 \*\*\*150.00 Mailing Address Principal Place of Business 4725 NW 72ND AVENUE 4725 NW 72ND AVENUE MIAMI FL 33166-5616 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business 422 Anglew> DV 500 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 0939607 OURSINO MBROK Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARRIDO, JOSE M Street Address (P.O. Box Number is Not Acceptable) 4725 NW 72ND AVENUE MIAMI FL 33166 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Dlenun Change □ Delete TITLE TITLE GARRIDO, JOSE M NAME 1422 ANDREWS AV STREET ADDRESS STREET ADDRESS 4725 NW 72ND AVENUE POMPANO BEACH FL 33069 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33166** \_ \*\*\*\*\*\* TITLE ☐ Delete TITLE GARRIDO, MARTA A NAME NAME 1422 ANDTEWS AN STREET ADDRESS STREET ADDRESS 4725 NW 72ND AVENUE POMPANO BREAGH FL 33060 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 Delete Addition TITLE GLINSKY: MICHAEL \*\* \*\*\* NAME STREET ADDRESS 169 EAST FLAGLER ST #1518 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acquirate 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 of 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 addirest a write at other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #