CR2E034

FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am P99000068494 DOCUMENT # **Secretary of State** 1. Entity Name FOTOSHOW GROUP, INC. 02-11-2002 90030 016 \*\*\*150.00 Principal Place of Business Mailing Address 500 NW 141 AVE. 500 NW 141 AVE. 212 212 HOLLYWOOD FL 33028 HOLLYWOOD FL 33028 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0939607 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent (300) GARRDIO, JOSE 500 NW 141 AVE HOLLYWOOD FL 33028 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 (10/6) FOTOSHOW GROUP INC. Change 1 ☐ Addition TITLE TITLE ☐ Delete Jose M. GARRIUD GARRIDO, JOSÉ M NAME NAME 500 NW 141 AVE #212 STREET ADDRESS 1918 WU 81PI STREET ADDRESS S FL 33028 HOŁLYWOOD FL 33028 CITY-ST-ZIP PEUBCOKE PINC CITY-ST-ZIP FOTOSHOW GROUP INC. Change ☐ Addition TITLE □ Delete TITLE Jose M. Gaerioo GARRIDO, MARITA A NAME NAME 500 NW 141 AVE #212 STREET ADDRESS 1818 MM 137 MON STREET ADDRESS HOLLYWOOD FL 33028 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

of the corporation or the receiver or trust

changed, or on an attachment with an a

I hereby certify that the information supplies 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

e this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if