

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90487 048 ***150.00

DOCUMENT # P99000086540

1. Entity Name

BEFORE & AFTER PHOTO, INC.

Principal Place of Business

Mailing Address

6575 WEST 4TH AVENUE #310
 HIALEAH FL 33012

6575 WEST 4TH AVENUE #310
 HIALEAH FL 33012

2. Principal Place of Business

65 CURTISS PARKWAY

3. Mailing Address

65 CURTISS PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI SPRINGS FL

City & State

MIAMI SPRINGS FL

Zip

33166

Country

DADE

Zip

33166

Country

DADE

4. FEI Number

52-2194406-202212

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS, JOAQUIN R
6575 WEST 4TH AVENUE #310
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **ROJAS JOAQUIN R.**

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

65 CURTISS PARKWAY

City **MIAMI SPRINGS**

FL

Zip Code **33166**

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, 2001 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 **PD** ☐ Delete
 NAME **ROJES, JOAQUIN**
 STREET ADDRESS **6575 W 4 AVE #310**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **ROJAS JOAQUIN R.**
 STREET ADDRESS **65 CURTISS PARKWAY**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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

TITLE ☐ Change ☐ Addition
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 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.

SIGNATURE: **A. Rojas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

305-884-5151

Daytime Phone #

CR2E034 (10/00)

0092188