2000 UNIFORM BUSINESS REPORT (UBR)

3/7/00 3/7/(

FILED
Jun 21, 2000 8:00 am
Secretary of State

03-07-2000 90105 003 ***150.00

DOCUMENT # P99000087457

Entity Name
FOREVER IMAGES CORP.

Principal Place of Business
W. 16 AVE.
FL 33012

Mailing Address
5940 W. 16 AVE.
HIALEAH FL 33012-6014

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business
5940 West 16 Avenue
Suite, Apt. #, etc

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hialeah, FL
Zip 33012 | Country USA

City & State
Zip | Country

4. FEI Number 65-0963538 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ONER
5940 W. 16 AVE.
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name: Oner Gómez

Street Address (P.O. Box Number is Not Acceptable)
5940 West 16 Avenue

City: Hialeah FL Zip Code 33012

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 President April 5/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining) DATE

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

OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Delete Oner Gomez 1725 West 60 Street #F118 Hialeah, FL 33012 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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: [illegible] REQUIRED 3/3/00 (305) 899-9328
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #