

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90011 011 ***150.00

DOCUMENT # P99000109416

1. Entity Name

PICTURE PERFECT ELECTRONICS, INC.

Principal Place of Business

**5150 SW 28TH AVE
 FT LAUDERDALE FL 33312**

Mailing Address

**5150 SW 28TH AVE
 FT LAUDERDALE FL 33312**

2. Principal Place of Business

9940 NW 6th Ct

3. Mailing Address

9940 NW 6th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

Zip

33024

Country

USA

4. FEI Number

65-0966268

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CROSS, R. KEVIN

**1930 TYLER ST 801 S. Fed. Highway
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

R. KEVIN CROSS, EA.

Street Address P.O. Box Number is Not Acceptable

801 SOUTH FEDERAL HIGHWAY

City

Hollywood

FL

Zip Code

33020

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **CARDOZA, ROBERT J**
 STREET ADDRESS **5150 SW 28TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

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 **Cardoza, Robert J**
 STREET ADDRESS **9940 NW 6th Ct.**
 CITY-ST-ZIP **Pembroke Pines, FL 33024**

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Cardoza, Pres. 9/12/2001

19541435-5868

Date

Daytime Phone #

CR2E034 (5/01)