

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S95422

1. Entity Name

LASER PHOTO TRANSFER SYSTEMS CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90435 016 ***150.00

Principal Place of Business

2900 W SAMPLE RD
FESTIVAL FLEA MARKET
POMPANO BCH FL 33067

Mailing Address

2900 W SAMPLE RD
FESTIVAL FLEA MARKET
POMPANO BCH FL 33067

Kiosk, 4/23

C0056051



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0292584

Applied For

Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BERKOWITZ, GIZELLA
1327 RODMAN ST
HOLLYWOOD FL 33019

BERKOWITZ
Gizella
2110 NE 203
Miami FL 33179

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PR BERKOWITZ, GIZELLA
STREET ADDRESS 1327 RODMAN ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE NAME ☐ Change ☐ Addition
PR. BERKOWITZ
STREET ADDRESS GIZELLA
CITY-ST-ZIP 2110 NE 203
Miami FL 33179

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01
Date

305-705-0961
Daytime Phone #

CR2E034 (10/00)

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