

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90235 031 \*\*\*150.00

0106141

**DOCUMENT # V39423**

1. Entity Name

**PHOTO CENTER, INC.**

Principal Place of Business

2329 N. 60TH AVE.  
HOLLYWOOD FL 33021

Mailing Address

2329 N. 60TH AVE.  
HOLLYWOOD FL 33021

2. Principal Place of Business

6947 STIRLING ROAD

3. Mailing Address

6947 STIRLING ROAD

Suite, Apt. #, etc.

DAVID FL

Suite, Apt. #, etc.

City &amp; State

DAVID Florida

City &amp; State

DAVID Florida

Zip

33024

Country

USA

Zip

33314-7005

Country

USA

4. FEI Number 65-0333829

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, ABE A.  
20401 N.W. 2ND AVE.  
SUITE 206  
MIAMI FL 33169

7. Name and Address of New Registered Agent

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

TITLE D  
NAME BERSAY, ROY  
STREET ADDRESS 1040 S.W. 99TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL ☐ DeleteTITLE D  
NAME BERSAY, GEWDOLYN  
STREET ADDRESS 1040 S.W. 99TH AVE.  
CITY-ST-ZIP PEMBROKE PINES FL ☐ DeleteTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)