## 2000 UNIFORM BUSINESS REPORT (ÜBR) **FILED** Aug 17, 2000 8:00 am Secretary of State OCUMENT # **V53853** PHOTOS BY LAGUILLO, INC. 07-07-2000 90459 009 \*\*\*150.00 incipal Place of Business -Mailing Address SW 36TH AVE 2700 SW 36TH AVE FL 33133 MIAMI FL 33133-2724 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0335841 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAGUILLO, SAUL Street Address (P.O. Box Number is Not Acceptable) 2700 SW 36TH AVE MIAMI FL 33133 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature (equired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. 🗆 Delete CR2E034 (9/99) TITLE ☐ Change AUUE LAGUILLO. SAUL NAME 2700 SW 36TH AVE STREET ADDRESS CT 200 CITY-ST-ZIP MIAMI FL Change ☐ Addition DV Delete TITLE LAGUILLO, REINA NAME STREET ADDRESS 2700 SW 36TH AVE ST - ZIP CITY-ST-ZIP MIAMI FL Oeleta ☐ Change Addition STREET ADDRESS CITY-ST-ZIP ST 210 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP er no ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS CHY-ST-7IP ST 217 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ST . ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this feport 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 of the receiver or truster exapowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attainment with an appears, with all other like empowered. Daytime Phone #