

2000 UNIFORM BUSINESS REPORT (UBR)

0000398

DOCUMENT # P96000004932

1. Entity Name

REFUGEE CAMP ENTERTAINMENT, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -8 PM 4:20

Principal Place of Business

Mailing Address

6706 PINEHURST
NORTH LAUDERDALE FL 33068

C/O YOU & ME MANAGEMENT, INC
295 LAFAYETTE ST #720
NEW YORK NY 10012-2722

2. Principal Place of Business

191 N. WYOMING AVENUE

3. Mailing Address

% YOU & ME MANAGEMENT, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PO Box 444

City & State

SOUTH ORANGE, NJ

City & State

NEW YORK, NY

Zip

07079

Country

USA

Zip

10013

Country

USA



REINSTATEMENT 00-0-2

4. FEI Number

65-0650209

Applied For

Not Applicable

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

MICHEL, SAMUEL P
3646 HIGH PINE DRIVE
CORAL SPRINGS FL 33065

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, 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**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MICHEL, SAMUEL P	
STREET ADDRESS	6706 PINEHURST	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEL WYCLEF JEAN	
STREET ADDRESS	8 CAMERON RD	
CITY-ST-ZIP	SADDLE RIVER, NJ 07458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/99)