

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 467564

1. Entity Name

Movie Film Service Corp.

1002-6911

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 21 AM 8:28

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 00-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2013 Harding Street

Suite, Apt. #, etc.

3. Mailing Address

2013 Harding Street

Suite, Apt. #, etc.

City & State

Hollywood, Fl

City & State

Hollywood, Fl

Zip

33020

Country

Broward

Zip

33020

Country

Broward

4. FEI Number

59-1584615

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Levine

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

2013 Harding Street

City

Hollywood,

FL

Zip Code
33020

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IN THIS SPACE

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.

PAUL LEVINE, PRESIDENT 3/15/02

(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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Paul Levine
2013 Harding Street
Hollywood, Fl 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Barbara Levine
2013 Harding Street
Hollywood, Fl 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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3/4/11

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL LEVINE, PRESIDENT 3/4/2009 954-922-0700

Date

Daytime Phone #