

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004232

1. Entity Name

FILM CONCEPTS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90035 011 ***150.00

Principal Place of Business

Mailing Address

6458 NW 99TH AVENUE
PARKLAND FL 33076
US

6458 NW 99TH AVENUE
PARKLAND FL 33076-1628
US

2. Principal Place of Business

11330 HERON BAY BLVD

3. Mailing Address

11330 HERON BAY BLVD

Suite, Apt. #, etc.

2416

Suite, Apt. #, etc.

2416

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33076

Country

U.S.

Zip

33076

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

11-2857294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REICH, HARVEY E
11831 ROYAL PALM BLVD. #302
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

HARVEY E. REICH

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

11330 HERON BAY BLVD #2416

CORAL SPRINGS, FL

City

FL

Zip Code

33076

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

TITLE ☐ Delete

P
NAME REICH, HARVEY E.
STREET ADDRESS 6458 NW 99TH AVENUE
CITY-ST-ZIP PARKLAND FL

TITLE ☐ Delete

S
NAME REICH, ROBYN E
STREET ADDRESS 6458 NW 99TH AVENUE
CITY-ST-ZIP PARKLAND FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000

Date

954-340-6710

Daytime Phone #