

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002965

1. Entity Name

CARL MADURI PRODUCTIONS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90038 031 ***150.00

Principal Place of Business

Mailing Address

4115 NW 5TH AVENUE
BOCA RATON FL 33431

4115 NW 5TH AVENUE
BOCA RATON FL 33418-3726

2. Principal Place of Business

321 Old MEADOW WAY

Suite, Apt. #, etc.

3. Mailing Address

321 Old MEADOW WAY

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bch GARDENS, FL

Zip

33418

Country

P.B.

City & State

Palm BEACH GARDENS FL

Zip

33418

Country

Palm BEACH

4. FEI Number

34-1213825

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MADURI, CARL
4115 NW 5TH AVENUE
BOCA RATON FL 33431

Name

MADURI, CARL

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

321 Old MEADOW WAY

City Palm Bch GARDENS, FL

Zip Code 33418

7. Name and Address of New Registered Agent

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]
Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

4-14-00

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	CPS	<input type="checkbox"/> Delete
NAME	MADURI, CARL A	
STREET ADDRESS	4115 NW 5TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MADURI, JOAN S	
STREET ADDRESS	4115 NW 5TH AVENUE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	321 Old MEADOW WAY
CITY-ST-ZIP	Palm Bch GARDENS, FL 33418
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	321 Old MEADOW WAY
CITY-ST-ZIP	PALM-Bch GARDENS, FL 33418
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 like empowered.

SIGNATURE:

[Signature] OPS 4-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-775-0664

CR2E034 (9/99)