

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000290

1. Entity Name

CAM FILM WORKS, L.C.

FILED

00 JAN 20 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

21218 ST. ANDREWS BLVD.
BOCA RATON FL 33433

Mailing Address

21218 ST. ANDREWS BLVD.
BOCA RATON FL 33433-2448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0725077

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VITTO, ZARA
90 EDGEWATER DRIVE APT. 1119
CORAL GABLES FL 33133

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME CLARIN, INC.
STREET ADDRESS 22296 COLLINGTON DRIVE
CITY- ST- ZIP BOCA RATON FL 33133

TITLE ☐ Change ☐ Addition
NAME 300003117693--3
STREET ADDRESS -02/01/00--01027--010
CITY- ST- ZIP *****50.00 *****50.00

TITLE MGR ☐ Delete
NAME JAG, INC.
STREET ADDRESS 90 EDGEWATER DRIVE, #1119
CITY- ST- ZIP CORAL GABLES FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME JAMATT HOLDING CORP.
STREET ADDRESS 9784 ROYAL PALM BLVD.
CITY- ST- ZIP CORAL SPRINGS FL 33065

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature Required
VITTO, ZARA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-17-00

Date

561-470-2282

Daytime Phone #