

2001 UNIFORM BUSINESS REPORT (UBR)

0014860 AF

DOCUMENT # L95000000290

1. Entity Name
CAM FILM WORKS, L.C.

Principal Place of Business
21218 ST. ANDREWS BLVD.
BOCA RATON FL 33433

Mailing Address
21218 ST. ANDREWS BLVD.
BOCA RATON FL 33433

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0725077

Applied For
Not Applicable

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 BERND RIND

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

22296 Collington Drive

City BOCA RATON

FL

Zip Code 33428

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 BERND RIND
Signature, typed or printed name of registered agent and title if applicable.

BERND RIND
(NOTE: Registered Agent signature required when reinstating)

1-29-01
DATE

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

500003674975--7
-02/12/01--01140--003
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: BERND RIND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-29-01 561.4702282
Date Daytime Phone #

CR2E083 (11/00)