

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50475

1. Entity Name

STAGE OF LIFE PRODUCTIONS INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90112 021 ****70.00

Principal Place of Business

Mailing Address

18339-A NW 68 AVE
HIALEAH FL 33015
US

18339-A NW 68 AVE
HIALEAH FL 33015-3406
US

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

65-0353324

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATSON, JAMES
15968 SW 4 ST
PEMBROKE PINES FL 33027

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WATSON, JAMES
STREET ADDRESS 15968 SW 4 ST
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

TITLE VD ☐ Delete
NAME MELENDEZ, TONY
STREET ADDRESS 7624 GRANADA BLVD
CITY-ST-ZIP MIRAMAR FL 33023

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

TITLE TD ☒ Delete
NAME WATSON, MARIA
STREET ADDRESS 15968 SW 4 ST
CITY-ST-ZIP PEMBROKE PINES FL 33027

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

TITLE D ☐ Delete
NAME ODOM, SEAN
STREET ADDRESS 2216 TAFT ST
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE VD ☒ Change ☐ Addition
NAME ODOM, SEAN
STREET ADDRESS 610 NE 172 ST
CITY-ST-ZIP N.M.B. FL 33162

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition
NAME FREDERICK RAE
STREET ADDRESS 5560 NW 194 lane
CITY-ST-ZIP miami FL 33055

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Watson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00 305 608 6228

Date

Daytime Phone #

CR2E037 (9/99)