

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003764

1. Entity Name

HIGHER AUTHORITY PRODUCTIONS, INC.

FILED

Mar 08, 2000 8:00 am  
Secretary of State

03-08-2000 90050 033 \*\*\*150.00

Principal Place of Business

12000 BISCAYNE BLVD.  
200  
MIAMI FL 33180  
US

Mailing Address

12000 BISCAYNE BLVD.  
200  
MIAMI FL 33181-2742  
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

65-0434989

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

LEVINE, JERROD

9540 COLLINS AVE 12000 BISCAYNE BLVD. #200  
SURFSIDE FL 33154 MIAMI, FL. 33188

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

3/2/00

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 P ☐ Delete

NAME SHERIDAN, MARK  
STREET ADDRESS 801 BRICKELL SQ, 9TH FL  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete

NAME LIPSKAR, SHOLOM R  
STREET ADDRESS 9500 COLLINS AVE  
CITY-ST-ZIP SURFSIDE FL

TITLE EBC ☐ Delete

NAME SHEINBERG, STEVEN  
STREET ADDRESS 801 BRICKELL SQ, 9TH FL  
CITY-ST-ZIP MIAMI FL

TITLE S ☒ Delete

NAME SREDNI, ERWIN  
STREET ADDRESS 3049 NE 163 ST  
CITY-ST-ZIP N MIAMI BCH FL

TITLE D ☒ Delete

NAME LIPTON, JANICE  
STREET ADDRESS 655 OCEAN BLVD  
CITY-ST-ZIP GOLDEN BEACH FL

TITLE ☐ Delete

NAME LEVINE, JERROD  
STREET ADDRESS 9540 COLLINS AVE  
CITY-ST-ZIP SURFSIDE FL 33154

TITLE ☒ Change ☐ Addition

NAME CHAIRMAN SHERIDAN, MARC  
STREET ADDRESS 1111 KANE CONCOURSE, STE 302  
CITY-ST-ZIP BAY HARBOR FL. 33154

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS 1305 POINSETTA DR., BAY 1  
CITY-ST-ZIP DELRAY BEACH, FL.

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME PRESIDENT LEVINE, JERROD  
STREET ADDRESS 12000 BISCAYNE BLVD. #200  
CITY-ST-ZIP MIAMI FL 33181

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)