**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 27, 2001 8:00 am Secretary of State DOCUMENT # N9400001300 1. Entity Name CLASSIC/FOREIGN FILM DISCUSSION GROUP, INC. 03-27-2001 90005 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 330 SE 2 ST 330 SE 2 ST #403G #403G HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0486874 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) REININGER, EDWARD J DR 330 SE 2 ST #403G Zip Code HALLANDALE FL 33009 FL 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE CD Change ☐ Delete TITLE REININGER, EDWARD DR. NAME NAME STREET ADDRESS 330 S.E 2 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL ☐ Addition Change ☐ Defete TITLE TITLE SEQUENZIA, SEBASTIAN S. NAME NAME 4124 SW 22 ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition Change Delete TITLE KATZIF, CHARLOTTE NAME NAME 18041 BISCAYNE BLVD #704 T4 S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33160** ☐ Change Addition TITLE ☐ Delete DEMOS, MARIAN DR NAME 3001 S OCEAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE DEANER, LU NAME NAME STREET ADDRESS STREET ADDRESS 3025 N.E. 22ND ST. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 a 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.