

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004372

1. Entity Name

PASTTYMES PRODUCTIONS, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90002 037 ****70.00

Principal Place of Business

Mailing Address

745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161-6367

2. Principal Place of Business

AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0608459

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FITZGERALD, DAN
745 NORTHEAST 117 STREET
BISCAYNE PARK FL 33161

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

DAN FITZGERALD
Dan Fitzgerald

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/2000

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	BM	<input type="checkbox"/> Delete
NAME	LAMB, JOHN	
STREET ADDRESS	800 NE 137TH ST.	
CITY-ST-ZIP	N.MIAMI FL 33161	
TITLE	BM	<input type="checkbox"/> Delete
NAME	KOPPEN, ROBERT PA	
STREET ADDRESS	700 NE 90TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	V	<input type="checkbox"/> Delete
NAME	STONE, LOUISE	
STREET ADDRESS	800 NE 137TH ST	
CITY-ST-ZIP	N MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	HACH, BETTY	
STREET ADDRESS	987 NE 96 STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUETKO, JAMES REV	
STREET ADDRESS	9823 NE 4 AVENUE	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARRING, DANIEL	
STREET ADDRESS	1320 S DINE HIGHWAY	
CITY-ST-ZIP	CORAL GABLES FL 33146	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DAN FITZGERALD
Dan Fitzgerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/2000 305 595 7317

CR2E037 (9/99)