

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004372

1. Entity Name

PASTTIMES PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

745 NORTHEAST 117 STREET  
BISCAYNE PARK FL 33161

745 NORTHEAST 117 STREET  
BISCAYNE PARK FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 ☐ Delete  
NAME BM  
STREET ADDRESS LAMB, JOHN  
CITY-ST-ZIP 800 NE 137TH ST.  
N MIAMI FL 33161

TITLE ☐ Change ☒ Addition  
NAME PRESIDENT  
STREET ADDRESS DAN FITZGERALD  
CITY-ST-ZIP 745 N.E. 117 STREET  
BISCAYNE PARK, FL 33161

TITLE ☐ Delete  
NAME BM  
STREET ADDRESS KOPPEN, ROBERT PA  
CITY-ST-ZIP 700 NE 90TH ST.  
MIAMI FL 33138

TITLE ☐ Change ☒ Addition  
NAME V.P.  
STREET ADDRESS DIKIG FITZGERALD  
CITY-ST-ZIP 745 N.E. 117 ST  
BISCAYNE PARK, FL 33161

TITLE ☐ Delete  
NAME V.  
STREET ADDRESS STONE, LOUISE  
CITY-ST-ZIP 800 NE 137TH ST  
N MIAMI FL 33161

TITLE ☐ Change ☒ Addition  
NAME V.P.  
STREET ADDRESS BARBARA HAWKINS  
CITY-ST-ZIP 800 N.E. 137 STREET  
NORTH MIAMI FL 33161

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HACH, BETTY  
CITY-ST-ZIP 987 NE 98 STREET  
MIAMI SHORES FL 33138

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS KUETKO, JAMES REV  
CITY-ST-ZIP 9823 NE 4 AVENUE  
MIAMI SHORES FL 33138

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HARRING, DANIEL  
CITY-ST-ZIP 1320 S DINE HIGHWAY  
CORAL GABLES FL 33146

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 true and accurate information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 29, 2002 8:00 am  
Secretary of State

02-07-2002 90020 038 \*\*\*\*70.00

73623



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

3/1/02 305 895-7817