

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90189 008 \*\*\*\*70.00

**DOCUMENT # N95000004372**

1. Entity Name

**PASTTIMES PRODUCTIONS, INC.**



Principal Place of Business

**745 NORTHEAST 117 STREET  
BISCAYNE PARK FL 33161**

Mailing Address

**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

4. FEI Number **65-0608459**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FITZGERALD, DAN  
745 NORTHEAST 117 STREET  
BISCAYNE PARK FL 33161**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/10/03**

**FILE NOW: FEE IS \$34.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD MEMBER EILEEN GOODMAN 9755 S.W. 143 DRIVE MIAMI, FLORIDA 33176</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, GGO DAN FITZGERALD 745 N.E. 117 ST. RIERT BISCAYNE PARK FL 33161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOARD MEMBER DIXIE FITZGERALD 745 NE 117 ST BISCAYNE PARK FL 33161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**3/10/03 305 895 7307**

CR2E037 (10/02)