

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90021 034 ****61.25

DOCUMENT # N96000000049

1. Entity Name

THE FLORIDA MOTION PICTURE AND TELEVISION ASSOCI



Principal Place of Business

**1355 MERIDIAN AVENUE
STE. 4
MIAMI BEACH FL 33139**

Mailing Address

**1355 MERIDIAN AVENUE
STE. 4
MIAMI BEACH FL 33139**

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

65-0087949

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

**MCMANON, CASH
1355 MERIDIAN AVE
STE 4
MIAMI BEACH FL 33139**

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

After September 13, 2000 min. will be \$236.25

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: **D - President** ☐ Delete
NAME: **MCMANON, CASH**
STREET ADDRESS: **1355 MERIDIAN AVE #4**
CITY-ST-ZIP: **MIAMI BEACH FL 33139**

TITLE: **ANTONIO PIEDRA D** ☐ Change ☒ Addition
NAME: **PMB 263**
STREET ADDRESS: **2400 E LAS OLAS BLVD**
CITY-ST-ZIP: **FORT LAUDERDALE FL 33301**

TITLE: **DP** ☒ Delete
NAME: **SWAN, NORA**
STREET ADDRESS: **900 BAY DRIVE #727**
CITY-ST-ZIP: **MIAMI BEACH FL 33141**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Lorna Shuford**
STREET ADDRESS: **7521 NW 3rd Ave**
CITY-ST-ZIP: **MIAMI FL 33150**

TITLE: **BM** ☐ Delete
NAME: **NEFSKY, PETER E.**
STREET ADDRESS: **12841 43RD DR #252A**
CITY-ST-ZIP: **KENDALL FL 33175**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Manay Hernandez**
STREET ADDRESS: **P.O. Box 1618**
CITY-ST-ZIP: **MIAMI FL 33137**

TITLE: **BMD** ☒ Delete
NAME: **VORKAPICH, DANICA**
STREET ADDRESS: **6200 SW 79 ST**
CITY-ST-ZIP: **MIAMI FL 33143**

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

TITLE: **BM** ☒ Delete
NAME: **BERC, ANNETTE**
STREET ADDRESS: **9497 SO. DIXIE HWY. 149**
CITY-ST-ZIP: **MIAMI FL 33156**

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

TITLE: **BM** ☒ Delete
NAME: **POWER, ROSS**
STREET ADDRESS: **3701 NW 2ND AVE.**
CITY-ST-ZIP: **MIAMI FL 33137**

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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: **CASH MCMANON**
REQUIRED

9-8-2000 3056724186

CR2E037 (5/00)