

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005221

1. Entity Name

ISLAND ACTS, INC.

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90082 023 \*\*\*\*61.25

Principal Place of Business

Mailing Address

C/O STEPHANIE SAULTER  
1330 OCEAN DRIVE 4TH FLOOR  
MIAMI BEACH FL 33139

C/O STEPHANIE SAULTER  
1330 OCEAN DRIVE 4TH FLOOR  
MIAMI BEACH FL 33139-4258

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

65-0951088

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BLACKWELL, CHRISTOPHER	1330 OCEAN DRIVE 4TH FLOOR	MIAMI BEACH FL 33139	<input type="checkbox"/>
D	MESTEL, LAWRENCE	1330 OCEAN DRIVE 4TH FLOOR	MIAMI BEACH FL 33139	<input type="checkbox"/>
D	ORTNER, CHARLES B	1585 BROADWAY	NEW YORK NY 10036	<input type="checkbox"/>
D	HAYES, THOMAS	1330 OCEAN DRIVE 4TH FLOOR	MIAMI BEACH FL 33139	<input type="checkbox"/>
D	SAULTER, STEPHANIE	1330 OCEAN DRIVE 4TH FLOOR	MIAMI BEACH FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEPHANIE SAULTER 3/15/00 305 604 9220

CR2E037 (9/99)