

2000 UNIFORM BUSINESS REPORT (UBR)

5/16

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-16-2000 90065 004 ****70.00

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1. Entity Name

ORLANDO BLACK ESSENTIAL THEATRE, INC.

Principal Place of Business

Mailing Address

983 ALICANTE AVE.
ORLANDO FL 32807

983 ALICANTE AVE
ORLANDO FL 32807-2813

2. Principal Place of Business

238 Fieldstream N.

3. Mailing Address

POB 532044

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32825

Country

USA

Zip

32853-2044

Country

USA

4. FEI Number

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

FALANA, MICHELLE N.
983 ALICANTE AVE.
ORLANDO FL 32807

Name
Michelle N. Falana

Street Address (P.O. Box Number is Not Acceptable)
238 Fieldstream N. Blvd

City
Orlando

FL

Zip Code
32825

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 Michelle N. Falana

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

(NOTE: Registered Agent signatures required when reinstating)

April 7, 2000

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 ☒ President ☐ Delete
NAME Michelle N. Falana
STREET ADDRESS 238 Fieldstream
CITY-ST-ZIP Orlando, FL 32825

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

TITLE ☒ Co-Vice President ☐ Delete
NAME Willie E. TALKER
STREET ADDRESS 637 WATER SLAVE WAY
CITY-ST-ZIP ORLANDO FLA 32828

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

TITLE ☒ Co-Vice President ☐ Delete
NAME Jack Marshall
STREET ADDRESS 5238 N. Orange Blossom Trl., #105
CITY-ST-ZIP Orlando, FL 32810

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE: Michelle N. Falana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000

Date

Daytime Phone #

407-5025

CR2E037 (9/99)