

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90310 043 \*\*\*150.00

DOCUMENT# **P00000032444**

1. Entity Name

**CADRE ENTERTAINMENT, INC.**

Principal Place of Business

Mailing Address

**11350 N.W. 29TH STREET 11350 N.W. 29TH ST.**  
**SUNRISE, FL 33323 SUNRISE, FL 33323**

2. Principal Place of Business

3. Mailing Address

**6303 W. COMMERCIAL BLVD.**

Suite, Apt. #, etc.

**-15**

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE**

City & State

4. FEI Number

**65-0996746**

Applied For

Not Applicable

Zip

**FL**

Country

**BROWARD**

Zip

Country

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

Name

**EDWARD M. BALL, SR.**

Street Address (P.O. Box Number is Not Acceptable)

**11350 NW 29TH STREET**

City

**SUNRISE**

**FL**

Zip Code

**33323**

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

**Edward M. Ball, Sr.**  
**EDWARD M. BALL, SR.**

**04/13/01**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **EDWARD M. BALL, SR.**  
CITY-ST-ZIP **11350 NW 29TH STREET**  
**SUNRISE, FL 33323**

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

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **KATHIEEN A. BALL**  
CITY-ST-ZIP **11350 NW 29TH STREET**  
**SUNRISE, FL 33323**

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

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **THOMAS C. BALL**  
CITY-ST-ZIP **11350 NW 29TH STREET**  
**SUNRISE, FL 33323**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Edward M. Ball, Sr.**  
**EDWARD M. BALL, SR.**

**04/13/01 954-**

Date

Daytime Phone #

CR2E034 (11/00)