

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90025 006 ***150.00

DOCUMENT # P00000042252

1. Entity Name
ANIMATION CORAL SQUARE, INC.

Principal Place of Business

**20007 NE 22ND CT
 N MIAMI BEACH FL 33180**

Mailing Address

**20007 NE 22ND CT
 N MIAMI BEACH FL 33180**

2. Principal Place of Business

9107 W. ATLANTIC BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

CORAL SPRINGS FL

City & State

Zip

Zip

33071

Country

USA

Zip

Country

4. FEI Number **65-1021628**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MARCUS, ALAN J
 20803 BISCAYNE BLVD, SUITE 301
 AVENTURA FL 33180**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE **P** ☐ Delete
 NAME **DECESPEDES, ALBERT**
 STREET ADDRESS **8715 SW 56 PLACE**
 CITY-ST-ZIP **COOPER CITY FL**

TITLE **VPSD** ☐ Delete
 NAME **MARCUS, EDDIE**
 STREET ADDRESS **20007 NE 22 COURT**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **10251 N. LAKE VISTA CIRCLE**
 CITY-ST-ZIP **DAVIE FL 33328**

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

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

TITLE ☐ Change ☐ Addition
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 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 without an address, with all other life empowered.

SIGNATURE:

SIGNATURE REQUIRED **EDWARD MARCUS VP** **4-16-02** **305-418-4818**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)