

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000067341

1. Entity Name
M.A.K. ENTERTAINMENT, INC.



FILED

03 OCT 17 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8400 DUNDEE TERRACE
MIAMI LAKES FL 33016

Mailing Address
8400 DUNDEE TERRACE
MIAMI LAKES FL 33016
407 LINCOLN RD #12J
MIAMI BCH, FL 33139



2. Principal Place of Business
407 LINCOLN RD

3. Mailing Address
SAME

Suite, Apt. #, etc.
12J

Suite, Apt. #, etc.

City & State
MIAMI BCH FL

City & State

Zip
33139

Country
DADE

Zip
33139

Country

REINSTATEMENT

CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1029565

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

FEBRES, ANGEL
407 LINCOLN ROAD, #12J
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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FEBRES, ANGEL
8400 DUNDEE TERRACE
MIAMI LAKES FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800023485998
10/01/03--01038--008 **600.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SPECTOR, WILLIAM
3747 SHERDEN AVE.
MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800023485998
10/17/03--01015--016 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GOMEZ, CONRAD
3747 SHERDEN AVE.
MIAMI BEACH FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GARCIA, GABRIELLA
2395 LAKE PENTECOAST DR.
MIAMI FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
10/21

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03

305-673-9991

Date

Daytime Phone #

CR2E034 (4/03)