

FILED
May 28, 2002 8:00 am
Secretary of State

04-30-2002 90220 017 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003635

1. Entity Name

GIRL IN BLACK PRODUCTIONS, INC.

Principal Place of Business

3060 NE 190 STREET #304
AVENTURA FL 33180

Mailing Address

3060 NE 190 STREET #304
AVENTURA FL 33180

2. Principal Place of Business

9818 Arbor Oaks Lane

Suite, Apt. #, etc.

Apt 301

City & State

Boca Raton, FL

Zip

33428

Country

3. Mailing Address

9818 Arbor Oaks Lane

Suite, Apt. #, etc.

Apt 301

City & State

Boca Raton, FL

Zip

33428

Country

4. FEI Number

65-1066492

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHULMAN, AMELIA J

3060 NE 190 STREET #304

AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

Amelia J. Shulman

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

9818 Arbor Oaks Lane

Apt 301

Boca Raton

FL

Zip Code

33428

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 NAME ☐ Delete

PRESIDENT
AMELIA J. SHULMAN
9818 ARBOR OAKS LANE #301
BOCA RATON, FL 33428

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

305-688-1976

Daytime Phone

CR2E034 (9/01)