

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90116 048 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000027259

1. Entity Name
MIDNIGHT ATTRACTIONS, INC.



80065403

Principal Place of Business
7649 VENETIAN STREET, SUITE A
MIRAMAR, FL 33023

Mailing Address
7649 VENETIAN STREET, SUITE A
MIRAMAR, FL 33023

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1086452

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMDIAL, IAN R
7649 VENETIAN STREET
SUITE A
MIRAMAR, FL 33023

7. Name and Address of New Registered Agent

Name **IAN R. RAMDIAL**

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

7649 VENETIAN ST, SUITE A

City **MIRAMAR**

FL

Zip Code
33023

I, the above named entity, submit 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

IAN RAMDIAL

3-27-03

(NOTE: Registered Agent's signature required when withdrawing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

8. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **PSTD**
STREET ADDRESS **RAMDIAL, IAN R**
CITY-STATE-ZIP **7649 VENETIAN STREET, SUITE A**
MIRAMAR, FL 33023

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

TITLE
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CITY-STATE-ZIP

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☐ Change ☐ Addition

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

IAN RAMDIAL

3-27-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/02)