

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-10-2003 90745 049 ***150.00

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1. Entity Name
FOREVER FILMS INTERNATIONAL INC.



Principal Place of Business
100 LINCOLN RD., SUITE 325
MIAMI BCH FL 33139

Mailing Address
100 LINCOLN RD., SUITE 325
MIAMI BCH FL 33139

2. Principal Place of Business
2655 COLLINS AVE
Suite, Apt. #, etc.
SUITE 510

3. Mailing Address
2655 COLLINS AVE
Suite, Apt. #, etc.
SUITE 510

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

Zip
33140

Country
U.S.A

4. FEI Number
32-0028347

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
YUSEFI, SAL ANTHONY
100 LINCOLN RD., SUITE 325
MIAMI BCH FL 33139

7. Name and Address of New Registered Agent
Name YOSUFY, SAL ANTHONY
Street Address (P.O. Box Number is Not Acceptable)
2655 COLLINS AVE SUITE 510
City MIAMI BEACH FL FL Zip Code 33140

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]*
Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE D
NAME YUSEFI, SAL ANTHONY
STREET ADDRESS 100 LINCOLN RD., SUITE 325
CITY-ST-ZIP MIAMI BCH FL 33139

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE YOSUFY, SAL ANTHONY
NAME YOSUFY, SAL ANTHONY
STREET ADDRESS 2655 COLLINS AVE SUITE 510
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE
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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 fee empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)