

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90058 012 ***150.00

DOCUMENT # P02000117716

1. Entity Name
THE MAINE EVENT PRODUCTIONS, INC.



Principal Place of Business
516 SW 6TH AVENUE
FT. LAUDERDALE FL 33315

Mailing Address
516 SW 6TH AVENUE
FT. LAUDERDALE FL 33315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 182

P.O. Box 182

City & State

City & State

Fort Lauderdale

Fort Lauderdale

Zip

Country

Zip

Country

33302-0182

Broward

33302-0182

Broward

4. FEI Number

Applied For

41-2073796

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

7. Name and Address of New Registered Agent

PEREZ, GONZALO

516 SW 6TH AVENUE

FT. LAUDERDALE FL 33315

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
MAINE, TODD R
516 SW 6TH AVENUE
FT. LAUDERDALE FL 33315

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

P.O. Box 182
Fort Lauderdale, FL 33302-0182

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 of Todd R. Maine*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/03

Date

954-641-6067

Daytime Phone #

CR2E034 (10/02)