

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020715

1. Entity Name

A.E. SHULMAN SPECIAL PRODUCTS ENTERTAINMENT, INC

FILED

May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90801 002 \*\*\*150.00

Principal Place of Business

Mailing Address

% MIRIAM SHULMAN  
7550 GLENDEVON LANE  
DELRAY BEACH FL 33484

% MIRIAM SHULMAN  
7550 GLENDEVON LANE  
DELRAY BEACH FL 33446-2803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0415521

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHULMAN, MIRIAM  
7550 GLENDEVON LANE  
DELRAY BEACH FL 33484

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME SHULMAN, DEAN  
STREET ADDRESS 20 FOX HILL LANE  
CITY-ST-ZIP SHORT HILLS NJ 07078

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

TITLE D ☐ Delete  
NAME SHULMAN, EDWARD  
STREET ADDRESS 16004 LANGHON CT  
CITY-ST-ZIP TAMPA FL 33647

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

TITLE D ☐ Delete  
NAME TEPPEL-WENDY  
STREET ADDRESS 52 WARWOICK RD  
CITY-ST-ZIP GREAT NECK NY 11023

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

TITLE D ☐ Delete  
NAME MIRIAM SHULMAN  
STREET ADDRESS 7550 GLENDEVON LANE  
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: *% Miriam Shulman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/2000

Date

561 4981253

Daytime Phone #

CR2E034 (9/99)