

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90179 022 ***150.00

DOCUMENT # P93000021484

1. Entity Name
DR. ENTERTAINMENT, INC.

Principal Place of Business Mailing Address
20285 VERA CRUZ LANE 20285 VERA CRUZ LANE
BOCA RATON FL 33498 BOCA RATON FL 33498

2. Principal Place of Business 3. Mailing Address

2707 NORTH ANDREWS AVE

Suite, Apt. #, etc. Suite, Apt. #, etc.

FT. LAUDERDALE,

City & State City & State

FL.

Zip Country Zip Country

33311 USA

6. Name and Address of Current Registered Agent

4. FEI Number **65-0403137**

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

LACERTOSA, RICHARD
20285 VERA CRUZ LANE
BOCA RATON FL 33498

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, 2001 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 ☐ Delete
NAME **D**
STREET ADDRESS **LACERTOSA, RICHARD**
CITY-ST-ZIP **20285 VERA CRUZ LANE**
BOCA RATON FL 33498

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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: **Richard Lacertosa / RICHARD LACERTOSA**

Date **1/5/01** Daytime Phone # **954-563-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)