

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000031087**

1. Entity Name

DISTRICT ENTERTAINMENT CORP.**FILED****Feb 05, 2000 8:00 am**
Secretary of State

02-05-2000 90020 030 ***150.00

Principal Place of Business

**2150 SW 28TH AVE
FT. LAUDERDALE FL 33312
US**

Mailing Address

**2150 SW 28TH AVE
FT. LAUDERDALE FL 33312-4427
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0502814

Applied For

Not Applicable

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****HAAS, DENNIS A
2150 SW 28 AVE
FT. LAUDERDALE FL 33312**

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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PSTD	HALPERN, STEVEN	1080 SE THIRD AVENUE	FT. LAUDERDALE FL 33316	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
VD	HAAS, DENNIS A	2150 SW 28TH AVE	FT. LAUDERDALE FL 33312	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Add

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:

Dennis A. Haas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**DENNIS A. HAAS****2-1-00**

Date

954 316 1400

Daytime Phone #