

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000037019

1. Entity Name

SILVERMAN PRODUCTIONS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90934 009 ***150.00

Principal Place of Business

Mailing Address

4111 BARBAROSSA
 MIAMI FL 33133

118 NE 39 ST
 MIAMI FL 33137-3632

2. Principal Place of Business

3. Mailing Address

118 NE 39 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MIAMI, FL

City & State

4. FEI Number

65-0495379

Applied For

Not Applicable

Zip
 33137

Country
 USA

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

SILVERMAN, FRED
 4111 BARBAROSSA
 MIAMI FL 33133

Name
 SILVERMAN, FRED

Street Address (P.O. Box Number is Not Acceptable)
 118 NE 39 ST.

City
 MIAMI

FL

Zip Code
 33137

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	<input type="checkbox"/> Delete
NAME	SILVERMAN, FRED	
STREET ADDRESS	4111 BARBAROSSA	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED SILVERMAN

4-28-00

305-438-9629

Date

Daytime Phone #

CR2E034 (9/99)