

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000046989

1. Entity Name

STUDIO 356, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90036 040 ***150.00

Principal Place of Business

Mailing Address

835 LENOR AVENUE
#312
MIAMI BEACH FL 33139
US

4824 BONITA VISTA DR
TAMPA FL 33634-6227
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4594 NW 79th AVE. #1C

Suite, Apt. #, etc.

City & State

MIAMI, FL ~~33136~~

Zip

Country

33136

US

Zip

Country

4. FEI Number

65-0499348

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

SPIRITI, JOSEPH A JR.
1717 NORTH BAYSHORE DRIVE
SUITE 4156
MIAMI FL 33132

Name SPiriti, Joseph A. Jr.

Street Address (P.O. Box Number is Not Acceptable) Plaza Venetia

555 NE 15th St Suite 725

City MIAMI

FL

Zip Code 33132

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

4-12-00

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 PD ☐ Delete
NAME DUPRE, MITCHELL
STREET ADDRESS 4824 BONITA VISTA DR
CITY-ST-ZIP TAMPA FL

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

TITLE PD ☐ Delete
NAME DUPRE, MITCHELL
STREET ADDRESS 4824 BONITA VISTA DR
CITY-ST-ZIP TAMPA FL

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mitchell Dupre 4.12.00

CR2E034 (9/99)