

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000081957

1. Entity Name
ENCANTA PRODUCTIONS, CORP.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90129 018 ***150.00

Principal Place of Business
2575 COLLINS AVE
C7A
MIAMI FL 33140
US

Mailing Address
2575 COLLINS AVE
C7A
MIAMI FL 33140
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 65-0549228

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

GOLDBERG, GABRIEL
2555 COLLINS AVENUE
SUITE 806
MIAMI BEACH FL 33140

Name Goldberg Gabriel
Street Address (P.O. Box Number is Not Acceptable)
2505 Flamingo Drive
City Miami Beach FL Zip Code 33140

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

04/18/2001

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 DPS
NAME GOLDBERG, GABRIEL
STREET ADDRESS 2555 COLLINS AVE SUITE 806
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE DPS
NAME Goldberg, Gabriel
STREET ADDRESS 2505 Flamingo Drive
CITY-ST-ZIP Miami Beach, FL 33140 ☒ Change ☐ Addition

TITLE DV
NAME GOLDBERG, RAPHAEL
STREET ADDRESS 2555 COLLINS AVE SUITE 806
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE DV
NAME Goldberg, Raphael
STREET ADDRESS 2505 Flamingo Drive
CITY-ST-ZIP Miami Beach, FL 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

04/18/2001 (305) 673-5758
Date Daytime Phone #

CR2E034 (10/00)