2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000086966**

1. Entity Name

LEFTY PEREZ ENTERTAINMENT INC.

Principal Place of Business		Mailing Address		
2331 SW 42ND TERRACE FORT LAUDERDALE FL 33317		2331 SW 42ND TERRACE FORT LAUDERDALE FL 33317-6619		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

FILED Mar 13, 2000 8:00 am Secretary of State 03-13-2000 90017 046 ***150.00

FORT LAUDERU	ALE FL 33317	FURI LAUDENDALE FL 333	17-0619			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	· <u>-</u>	4. FEI Number 65-0559527 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent		
			Name			
PEREZ, LEFTY 2331 SW 42ND TERRACE FORT LAUDERDALE FL 33317			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
9. This corpo	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!	E: Registered Agent signature red	.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
(See criter	ia on back)	Make Check Payab	le to Department of	State		
11.	OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, LEFTY 2331 SW 42ND TERRACE	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 등 전략		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FORT LAUDERDALE FL 33317	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition C		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		│ □ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
indicated of the cor	on this report or supplemental report is	true and accurate and that nowered to execute this report	ny signature shall have as required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director of 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if		

SIGNATURE:

Lefty Perez O NAME OF SIGNING OFFICER OR DIRECTOR

(954) 791-1408

Daytime Phone #