

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 08, 2000 08:00 AM****Secretary of State****DOCUMENT # P94000089121****1. Entity Name**

PRIME MATE PRODUCTIONS, INC.

Principal Place of Business

P.O. BOX 22432

FORT LAUDERDALE
33335

FL

Mailing Address

P.O. BOX 22432

FORT LAUDERDALE
33335

FL

2. Principal Place of Business

P.O. BOX 432736

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 432736

Suite, Apt. #, etc.

City & State

SOUTH MIAMI

FL

Zip
33243Country
US**City & State**

SOUTH MIAMI

FL

Zip
33243Country
US**4. FEI Number****65-0563939****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MICHELLE D. NAPLES

410 SE 13TH ST. #5

FORT LAUDERDALE

33316

US

FL

7. Name and Address of New Registered Agent**Name**

NAPLES MICHELLE DVS

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

6720 S.W. 63 AVENUE

City

SOUTH MIAMI

FL**Zip Code**
33143**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 MICHELLE D. NAPLES**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

09/08/2000

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**

TITLE	PT	<input type="checkbox"/> Delete
NAME	MANUEL PILA	
STREET ADDRESS	8691 SW 32ND TERR	
CITY-ST-ZIP	MIAMI FL	

TITLE	VS	<input type="checkbox"/> Delete
NAME	MICHELLE D. NAPLES	
STREET ADDRESS	410 SE 13TH ST. #5	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANUEL PILA		
STREET ADDRESS	8691 SW 32ND TERR		
CITY-ST-ZIP	MIAMI FL 33155		

TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHELLE D. NAPLES		
STREET ADDRESS	6720 S.W. 63 AVENUE		
CITY-ST-ZIP	SOUTH MIAMI FL 33143		

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

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

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: MICHELLE D. NAPLES**

VS

09/08/2000