

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90050 034 ***150.00

DOCUMENT # P95000040734

1. Entity Name

VIDEO CREATIONS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

3. Mailing Address

730 W. HAWAIIAN BLVD.
 Suite, Apt. #, etc. **BLVD.**

C/O FAST-TAX
 Suite, Apt. #, etc. **P.O. BOX 1711**

City & State
HAWAIIAN, FL.

City & State
DANIA BEACH, FL.

Zip
33009

Country
U.S.

Zip
33004

Country
U.S.

4. FEI Number
65-0589253

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

Name
GERALD ADAMS

Street Address (P.O. Box Number is Not Acceptable)
113 NORTH FEDERAL HWY.

City
DANIA BEACH FL Zip Code **33004**

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

GERALD ADAMS - REG. AGENT

5/1/00

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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GERALD ADAMS
113 N. FED. HWY.
DANIA BEACH, FL. 33004

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 #

GERALD ADAMS - DIRECTOR

5/1/00

CR2E034 (9/99)