

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000057976

1. Entity Name

STAGESTALKER ENTERTAINMENT, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90361 042 ***150.00

Principal Place of Business

821 3RD ST
W PALM BCH FL 33401
US

Mailing Address

821 3RD ST
W PALM BCH FL 33401
US

2. Principal Place of Business

3. Mailing Address

11491 Turnstone Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington, Florida

Zip

Country

33414

Country

USA

4. FEI Number

65-0599514

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

NEWSOME, HERBERT JR.
821 3RD STREET
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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 re-statuting)

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, 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
NAME

VP
WHITAKER, ERIC W
1880 N CONGRESS, APT 6405
W PALM BCH FL

☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

VP
MORALES, RAMIRO R
11491 TURNSTONE DR
WELLINGTON FL

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STREET ADDRESS
CITY-ST-ZIP

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☐ 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

Ramiro Morales

Date

4/20/01

Daytime Phone #

561-640-0818

CR2E034 (10/00)