

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031643

1. Entity Name

BACKSTAGE MERCHANDISING, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90018 047 ***150.00

Principal Place of Business

404 WASHINGTON AVENUE
#680
MIAMI BEACH FL 33139

Mailing Address

404 WASHINGTON AVENUE
#680
MIAMI BEACH FL 33139-6651

2. Principal Place of Business

222 NE 27th St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

FL 33137

U.S.A.

Zip

Country

4. FEI Number

65-0741572

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HENRIQUES, SHONA
404 WASHINGTON AVENUE
SUITE 680
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

Henriques, Shona

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

222 NE 27th Street

City

Miami

FL

Zip Code

33137

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

Shona Henriques

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

(NOTE: Registered Agent signature required when reinstating)

4-28-00

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	P	<input type="checkbox"/> Delete
NAME	DILLON, CLIFTON	
STREET ADDRESS	404 WASHINGTON AVENUE, SUITE 680	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
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	<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
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00

CR2E034 (9/99)