

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90161 027 ***150.00

DOCUMENT # P96000086883

1. Entity Name

DIFFERENT ASPECT PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

21658 SAN SIMEON CR.
BOCA RATON FL 3343321658 SAN SIMEON CR.
BOCA RATON FL 33433-3376

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

9525 Burlington Pl.
Suite, Apt. #, etc.SAME
Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip
33434

Country

Zip

Country

4. FEI Number

59-3441280

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

LUPFER, JAMES R
6968 TOWN HARBOUR BLVD #2220
BOCA RATON FL 33433

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 reinstating)

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 State10. 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 ☐ Delete
NAME D
STREET ADDRESS LUPFER, JAMES R
CITY-ST-ZIP 21658 SAN SIMEON CR.
BOCA RATON FL 33433TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS MYERS, RAYMOND
CITY-ST-ZIP 4500 SW 75TH AVE
MIAMI FL 33155TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME D
STREET ADDRESS GOODWIN, HOWARD G
CITY-ST-ZIP 1815 NW 6TH AVE
MARGATE FL 33063TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

561-470-1250