

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001395

1. Entity Name

E. KLINE PRODUCTIONS, INC.



FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90033 042 ***150.00

Principal Place of Business

10031 PINES BLVD
 #237
 PEMBROKE PINES FL 33024
 US

Mailing Address

2611 N HIATUS ROAD
 PMB 180
 COOPER CITY FL 33026
 US

2. Principal Place of Business

3. Mailing Address

1307 ST. TROPEZ CIRCLE
 Suite, Apt. #, etc.
 1804

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 WESTON, FL

4. FEI Number

65-0716760

Applied For

Not Applicable

Zip

Country

Zip

Country

33326

USA

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

KLINE, ERIC

2611 N HIATUS ROAD STE 180
 COOPER CITY FL 33026

Name

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

1307 ST. TROPEZ CIRCLE #1804

City

WESTON

FL

Zip Code

33326

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

9/10/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	DP KLINE, ERIC 2611 N HIATUS ROAD STE 180 COOPER CITY FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1307 ST. TROPEZ CIRCLE #1804 WESTON, FL 33326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00

Date

Daytime Phone #

CR2E034 (5/00)