

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000030391

1. Entity Name

PLANET HALLOWEEN INC.

R

FILED

Sep 12, 2000 8:00 am  
Secretary of State

06-14-2000 90039 012 \*\*\*150.00

09-12-2000 90002 026 \*\*\*400.00

Principal Place of Business

1650 ARABIAN DR.  
LOXAHATCHEE FL 33470

Mailing Address

1650 ARABIAN DR.  
LOXAHATCHEE FL 33470

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0762277

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

DALSGAARD, KEN

1650 ARABIAN DR.  
LOXAHATCHEE FL 33470

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 \$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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME KEN DALSGAARD  
STREET ADDRESS 1650 ARABIAN DR  
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

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TITLE VICE PRESIDENT  
NAME DIEGO VELAZQUEZ  
STREET ADDRESS 7109 CRESENT CREEK WAY  
CITY-ST-ZIP COCONUT CREEK FL 33073

☐ Change

☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ 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:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-00  
Date

954-410-9832  
Daytime Phone #

CR2E034 (5/00)