

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040494

1. Entity Name

FORCE ONE STUDIO, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90367 026 ***150.00

Principal Place of Business

Mailing Address

20019 NW 34TH COURT
 CAROL CITY FL 33056
 US

20019 NW 34TH COURT
 CAROL CITY FL 33056-1760
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20019 NW 34th CT

20019 NW 34th CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

House

House

City & State

City & State

CAROL CITY FL

CAROL CITY FL

Zip 33056

Country

U.S.

Zip 33056

Country

U.S.

4. FEI Number

65-0751443

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

RATIOUS, HELDORE
 20019 NW 34TH COURT
 CAROL CITY FL 33056

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 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 P
 NAME HELDORE, RATIOUS
 STREET ADDRESS 20019 NW 34TH COURT
 CITY-ST-ZIP CAROL CITY FL 33056 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME CANTON, DARREN
 STREET ADDRESS 7125 N W 186 ST
 CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

Ratious H. Helmore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00 305-623-0015

CR2E034 (9/99)