

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079042

1. Entity Name

THE PRODUCTION TEAM, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90060 027 ***150.00

Principal Place of Business

2077 WEST 76TH STREET
HIALEAH FL 33016

Mailing Address

2077 WEST 76TH STREET
HIALEAH FL 33016-1834

2. Principal Place of Business

10206 N.W. 47 ST.

3. Mailing Address

10206 N.W. 47 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNRISE, FL.

City & State

SUNRISE, FL.

4. FEI Number

65-0804129

Applied For

Not Applicable

Zip

33351

Country

BROWARD

Zip

33351

Country

BROWARD

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

GOLDSTEIN, STEWART
2077 W 76TH STREET
HIALEAH FL 33016

Name

STEWART GOLDSTEIN

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

10206 N.W. 47 ST.

City

SUNRISE

FL

Zip Code

33351

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	PD	<input type="checkbox"/> Delete
NAME	PIANKA, ROBERT D	
STREET ADDRESS	2077 WEST 76TH STREET	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, STEWART	
STREET ADDRESS	2077 WEST 76TH STREET	
CITY - ST - ZIP	HIALEAH FL 33016	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10206 N.W. 47 ST.
CITY - ST - ZIP	SUNRISE, FL. 33351
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	10206 N.W. 47 ST.
CITY - ST - ZIP	SUNRISE, FL. 33351
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
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

STEWART GOLDSTEIN

Date

4-18-00

Daytime Phone #

954-747-7172

CR2E034 (9/99)