

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080652

1. Entity Name

MAN'S AT WORK PRODUCTIONS, INC.

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90021 017 ***150.00

Principal Place of Business

1929 N.W. 169TH AVE.
PEMBROKE PINES FL 33028
US

Mailing Address

1929 N.W. 169TH AVE.
PEMBROKE PINES FL 33028
US

2. Principal Place of Business

4747 Hollywood Blvd
Suite, Apt. #, etc. #200

3. Mailing Address

4747 Hollywood Blvd
Suite, Apt. #, etc. #200



DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD FL

Zip Country
33021 USA

City & State
HOLLYWOOD FL

Zip Country
33021 USA

4. FEI Number 65-0782113

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

KLEIN, JASON
10123 SW 77TH CT
MIAMI FL 33156

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, 2001 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 BOURNELLIS, IPOCRATIS
STREET ADDRESS 1929 NW 169TH AVE.
CITY-ST-ZIP PEMBROKE PINES FL 33028

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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

04/26/01

Date

9542249755

Daytime Phone #

CR2E034 (10/00)