

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089256

1. Entity Name

ENTERTAINMENT CONSULTING & ADVISING INC.

Principal Place of Business

Mailing Address

4846 N UNIVERSITY DR
LAUDERHILL FL 33351
US

4846 N. UNIVERSITY DRIVE #173
LAUDERHILL FL 33351-4510

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

65-0783256

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

CROWN, STEVE
4846 N. UNIVERSITY DRIVE #173
LAUDERHILL FL 33351

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 ☐ Delete
NAME P
STREET ADDRESS CROWN, STEVE
CITY-ST-ZIP 4846 N UNIVERSITY DR, #173
LAUDERHILL FL 33351

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Steve Crown

Date

Daytime Phone #

FILED

00 JUN 29 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0332468

CR2E034 (9/99)

2064

To Who it may concern,

In reference to filing UBR form (Doc# P97000089256)

Due to extreme family illness, & being in the hosipital for over a 3 month perriod, this form was not sent through at the time it was suppose to, I plead with you to accept it at this time.

Please take my unforeseen circimstance into consideration.

Sincerely,



Steve Crown