

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098627

1. Entity Name

PLAYLIGHT, INC.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90102 040 ***158.75

Principal Place of Business

Mailing Address

7238 NW 70TH ST
MIAMI FL 33166
US

7238 NW 70TH ST
MIAMI FL 33166-2902
US

2. Principal Place of Business

3. Mailing Address

7372 N.W. 12 ST

5860 N.W. 111 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL

4. FEI Number

65-0811483

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33178

Country

USA.

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

TALIESON ADVISORY CORP
10300 SUNSET DR., SUITE 435
MIAMI FL 33173

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

Julian Doe

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 25/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ROA, JULIAN
CALLE 104 # 13 A-54
SANTA FE DE BOGOTA COLUMBIA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
HERNANDEZ, MARIO A
13862 S.W. 93 LANE
MIAMI FL 33186

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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)(l), 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:

Julian Doe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 25/00 418 4488