

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101779

1. Entity Name

NANTI ENTERTAINMENT, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91234 049 \*\*\*150.00

Principal Place of Business

11200 S.W. 187TH STREET  
MIAMI FL 33157

Mailing Address

11200 S.W. 187TH STREET  
MIAMI FL 33157

2. Principal Place of Business

11200 SW 187<sup>th</sup>  
Suite, Apt. #, etc.

3. Mailing Address

11200 SW 187<sup>th</sup>  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0800984

Applied For

Not Applicable

Zip

33157

Country

DADE

Zip

33157

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHOOS, S. SCOTT  
15600 S.W. 288TH ST  
SUITE 312  
HOMESTEAD FL 33033

7. Name and Address of New Registered Agent

Name

Robert Clarrington

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

11200 SW 187<sup>th</sup>

City

MIAMI FL

FL

Zip Code

33157

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

Robert Clarrington

Robert Clarrington

4-23-01

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.

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\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PSD  
NAME CLARRINGTON, ROSETTA  
STREET ADDRESS 11200 S.W. 187TH STREET  
CITY-ST-ZIP MIAMI FL 33157

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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  
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CITY-ST-ZIP

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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:

Robert Clarrington

Date

Daytime Phone #

CR2E034 (10/00)