

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90123 024 \*\*\*150.00

955300



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000001688**

1. Entity Name  
**AMBOY DUKE ENTERTAINMENT INC.**

Principal Place of Business 120 YACHT CLUB WAY #305 LANTANA FL 33462	Mailing Address 120 YACHT CLUB WAY #305 LANTANA FL 33462-6014
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>65-0811174</b>	Applied For <input type="checkbox"/> Not Applicable
Country	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARACE, LISA M**  
**145 YACHT CLUB WAY, #105**  
**LANTANA FL 33462**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SP</b> <b>ARACE, LISA M</b> <b>120 YACHT CLUB WAY, #305</b> <b>LANTANA FL 33462</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *Lisa M Arace* Date: 4/27/00 Daytime Phone #: 561.605.4242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

P9800000/688  
953300



**SONZOGNI & BOTTITTO, L.L.C.**  
certified public accountants

435 Main Street  
Bedminster, NJ 07921  
Tel: (908) 719-8600/ 719-8621  
Fax: (908) 781-8400  
Voice Mail: (201) 593-1395/ 919-8425

Kenneth J. Sonzogni, cpa  
Lisa Bottitto, cpa

Client Amboy Duke ENTERTAINMENT

Year Ended 2000

**TAX RETURN INSTRUCTIONS**  
**(PLEASE NOTE ITEMS CHECKED)**

**RETURN ENCLOSED**

FEDERAL

STATE

CITY

**FORM #:**

2000 LIBR

**MAIL RETURN AND CHECK TO:**

INTERNAL REVENUE SERVICE CENTER  
HOLTSVILLE, NEW YORK 00501

INTERNAL REVENUE SERVICE CENTER

**SIGN PAGE (S)** 1 (Box 13)

ANY OFFICER       TAXPAYER

ANY PARTNER       TAXPAYER & SPOUSE

FIDUCIARY     

STATE OF NEW JERSEY

TRENTON, NEW JERSEY

**DUE DATE FOR FILING OF RETURN AND PAYMENT OF TAX, IF ANY** 5-1-00

NEW YORK STATE CORPORATION TAX  
PROCESSING UNIT  
P.O. BOX 1909  
ALBANY, NEW YORK 12201-1909

**AMOUNT OF TAX DUE:** \$ 150.00

**MAKE CHECK PAYABLE TO:**

INTERNAL REVENUE SERVICE       NEW YORK STATE INCOME TAX BUREAU

NEW YORK STATE CORPORATION TAX       STATE OF N.J.

CITY COLLECTOR       NO CHECK REQUIRED

Dept of STATE

THE CITY OF NEW YORK  
FINANCE ADMINISTRATION  
DEPARTMENT OF TAX COLLECTION  
P.O. BOX \_\_\_\_\_ STATION  
NEW YORK, NEW YORK 100 \_\_\_\_\_

ENVELOPE ENCLOSED

**AMOUNT OF OVERPAYMENT \$** \_\_\_\_\_

TO BE REFUNDED \$ \_\_\_\_\_

TO BE CREDITED TO ESTIMATED TAX FOR NEXT YEAR \$ \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: COPY IS ENCLOSED FOR YOUR FILES