

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000012494

1. Entity Name

U DA MAN PRODUCTIONS, INC.

FILED

Feb 03, 2000 8:00 am  
Secretary of State

02-03-2000 90027 050 \*\*\*150.00

Principal Place of Business

2401 COLLINS AVENUE  
SUITE 405  
MIAMI BEACH FL 33140  
US

Mailing Address

2401 COLLINS AVENUE  
SUITE 405  
MIAMI BEACH FL 33140-4742  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0821828

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CIGEL, MARVIN  
2401 COLLINS AVENUE  
SUITE 405  
MIAMI BEACH FL 33140

Name

HARVIN CIGEL

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

2401 COLLINS AVE, STE 405

City

MIAMI BEACH

FL

33140

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

1/21/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
CIGEL, MARVIN  
2401 COLLINS AVENUE  
MIAMI BEACH FL 33140

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FORREST, JEFF D  
2401 COLLINS AVENUE  
MIAMI BEACH FL 33140

☐ Delete

TITLE  
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CITY-ST-ZIP  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)