

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034704

1. Entity Name

PURE ENERGY PRODUCTIONS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90074 014 ***550.00

Principal Place of Business

9254 N.W. 13TH PLACE
 CORAL SPRINGS FL 33071

Mailing Address

9254 N.W. 13TH PLACE
 CORAL SPRINGS FL 33071

ADD 75337

2. Principal Place of Business

1448 SW 47th Ave
 Suite, Apt. #, etc.
 1448 SW 47th Ave

3. Mailing Address

1448 SW 47th Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, FL

City & State

Deerfield Beach, FL

4. FEI Number

65-0829347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LIBERTA, MICHAEL C
 9254 N.W. 13TH PLACE
 CORAL SPRINGS FL 33071

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
 NAME LIBERTA, MICHAEL C
 STREET ADDRESS 9254 NW 13TH PLACE
 CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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 ☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #