

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2000 8:00 am**  
**Secretary of State**  
 06-03-2000 90142 045 \*\*\*550.00

**DOCUMENT # P98000035461**

1. Entity Name  
**M.S.H. PRODUCTIONS, INC.**

Principal Place of Business  
**330 NE 192 ST APT 1012  
 AVENTURA FL 33180**

Mailing Address  
**P.O. BOX 80-0239  
 AVENTURA FL 33280-0239**

**742105**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>60-0836569</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KLEIN, JONAS                  3300 N.E. 192ND STREET, SUITE 806                  AVENTURA FL 33180</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>3300 N.E. 192<sup>nd</sup>, STE 1012</b> City <b>FL</b> 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]* **Jonas Klein President** 5/3/00  
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. ☐ **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	<b>P KLEIN, JONAS 3300 NE 192ST APT 1012 AVENTURA FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SZEGNER, EMIL 3300 NE 192ST APT 1101 AVENTURA FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **Jonas Klein, Pres.** 5/3/00 **305-792-9924**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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