

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051865

1. Entity Name

Q PRODUCTIONS, INC.

FILED

Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90045 027 \*\*\*150.00

Principal Place of Business

~~8075 W OAKLAND PK BLVD  
210  
FORT LAUDERDALE FL 33311  
US~~

Mailing Address

~~8811 W BROWARD BLVD  
375  
PLANTATION FL 33324-2737  
US~~

2. Principal Place of Business

4850 N. STATE ROAD 7

Suite, Apt. #, etc.

G-104

3. Mailing Address

4850 N. STATE ROAD 7

Suite, Apt. #, etc.

G-104

City & State

LAUDERDALE LAKES, FL

City & State

LAUDERDALE LAKES FL

Zip

33319

Country

USA

Zip

33319

Country

USA

4. FEI Number

65-0847477

Applied For

Not Applicable

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

~~KLUSTON, TODD W  
8211 WEST BROWARD BLVD.  
SUITE 375  
PLANTATION FL 33324~~

Name

GREG MILLER

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

5363 NW 60 DRIVE

City

CORAL SPRINGS

FL

Zip Code

33067

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

3/15/00

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	D MILLER, GREG 5363 NW 60TH DR CORAL SPRINGS FL 33067	<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	D MILLER, MICHAEL 5363 NW 60TH DR CORAL SPRINGS FL 33067	<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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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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 (954) 739-4381