

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000055356

1. Entity Name

FORBES FILM PRODUCTION, INC.

Principal Place of Business
6112 NORTHWEST 7TH AVENUE
MIAMI FL 33127

Mailing Address
PO BOX 510189
MIAMI FL 33151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0860654

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORBES, PHILIP R DR.
660 NW 81ST ST
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name PHILIP R. FORBES

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

10450 N.W. 2 AVE

City MIAMI

FL

Zip Code 33169

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 \$150.00
After MAY 1, 2001 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

TITLE PD
NAME FORBES, PHILIP R PHD
STREET ADDRESS 22210 SOUTHWEST 116TH AVENUE
CITY-ST-ZIP MIAMI FL 33170 ☐ Delete

TITLE SD
NAME FORBES, SHERRYL L
STREET ADDRESS 22210 SOUTHWEST 116TH AVENUE
CITY-ST-ZIP MIAMI FL 33170 ☐ Delete

TITLE T
NAME FORBES, CLIFTON
STREET ADDRESS 22210 SOUTHWEST 116TH AVENUE
CITY-ST-ZIP MIAMI FL 33170 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

DR PHILIP R. FORBES

Date

Daytime Phone #

APRIL 30 '01 786-514-5302

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90199 019 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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