

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90106 018 ***150.00

DOCUMENT # P98000063645

1. Entity Name

WHITE ISLAND PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

**200 W. CAMINO REAL
BOCA RATON FL 33432
US****170 W. CAMINO REAL
BOCA RATON FL 33432
US****625583**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 W. Camino Real
Suite, Apt. #, etc.

3. Mailing Address

170 W. Camino Real
Suite, Apt. #, etc.

City & State

Boca Raton FL

City & State

Boca Raton, FL

4. FEI Number

65-0859009

Applied For

Not Applicable

Zip

Country

33432**PALM BEACH**

Zip

Country

33432**PALM BEACH**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

**BOOKSTEIN, MERRILL A
4800 NORTH FEDERAL HIGHWAY
SUITE 201B
BOCA RATON FL 33431**

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTV		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PERGEAUX, KATRINA S						
	C/O 4800 NORTH FEDERAL HIGHWAY #201B						
	BOCA RATON FL 33431						
	D		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	PERGEAUX, KATRINA S						
	C/O 4800 NORTH FEDERAL HIGHWAY #201B						
	BOCA RATON FL 33431						
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Delete				<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 5 - 01 561368 7910

CR2E034 (10/00)