

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069267

1. Entity Name

HANG LOOSE PRODUCTIONS, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90091 038 ***150.00

Principal Place of Business

1747 VAN BUREN STREET
PENTHOUSE
HOLLYWOOD FL 33020

Mailing Address

1747 VAN BUREN STREET
PENTHOUSE
HOLLYWOOD FL 33020-5131

2. Principal Place of Business

1000 W ISLAND BLVD

3. Mailing Address

1000 W ISLAND BLVD

Suite, Apt. #, etc.

#2507

Suite, Apt. #, etc.

#2507

City & State

Aventura FL

City & State

Aventura FL

Zip

33160

Country

US

Zip

33160

Country

US

4. FEI Number

650855826

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEPO, DAVID
1747 VAN BUREN STREET
PENTHOUSE
HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

DAVID NEPO

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

1000 W ISLAND BLVD

#2507

City

Aventura

FL

Zip Code

33160

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.

DAVID NEPO PRESIDENT

DATE

3-28-00

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

TITLE PSTD
NAME NEPO, DAVID J
STREET ADDRESS 1747 VAN BUREN STREET
CITY-ST-ZIP HOLLYWOOD FL 33020

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

1000 W ISLAND BLVD #2507
Aventura FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

3/28/00

Date

305-931-8375
President

Daytime Phone #

CR2E034 (9/99)