

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075699

1. Entity Name

THE ACTING STUDIO, INC.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90004 040 ***550.00

A0077911



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2450 HOLLYWOOD BLVD
#308
HOLLYWOOD FL 33020
US

Mailing Address
400 N.E. 67TH STREET
BAY A
MIAMI FL 33137

2. Principal Place of Business
2450 Hollywood Boulevard

3. Mailing Address
2450 Hollywood Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#308

#308

City & State
Hollywood, Florida

City & State
Hollywood, Florida

Zip
33020

Country
USA

Zip
33020

Country
USA

4. FEI Number 65-0861274

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

MARCUS SHERIE R
1702 N.E. 8th Avenue
N MIAMI BEACH FL 33132

SCOTT BARNETT
813-251-3330

Name
Barton-Weiss

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

3628 N.E. 2nd Avenue

City
Miami

FL

Zip Code
33137

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)

9/11/2000

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PSTD
ALPERT, ROBERT
400 N.E. 67TH STREET
MIAMI FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Alpert, Robert
2450 Hollywood Boulevard #308
Hollywood, FL 33020 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/2000 (954) 929-4553

Date

Daytime Phone #