2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000007977** Feb 07, 2000 8:00 am **Secretary of State** UNION JACK ENTERTAINMENT INC. 02-07-2000 90059 030 ***150.00 Principal Place of Business Mailing Address 6210 S.W. 38TH STREET 6210 S.W. 38TH STREET MIAMI FL 33155-4839 MIAMI FL 3+315-5 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. EEI Number 65-0897/38 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RICArdo A. Mendora MENDEZ, SERGIO L 901 PONCE DE LEON BLVD. #304 CORAL GABLES FL 33134 istered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Secre long **X** Addition ☐ Delete TITLE Mendoza MENDOZA, CATHERINE NAME 640 ew 38th street STREET ADDRESS 6210 S.W. 38TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 3+315-5 Addition Change □ Delete TITLE TIT1 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Addition Delete . -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP alter with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or supple of the corporation or the receiver changed, or on an attachment v

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: