## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P99000007977

1. Entity Name UNION JACK ENTERTAINMENT INC.



Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90156 050 \*\*\*150.00

MENDOZA, CATHERINE STREET ADDRESS CITY-ST-ZIP  TITLE SMENDORA, RICARDO A STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				(a)				
Sulto, Apt. 4, etc.   Suite, Apt. 4, etc.   Check HERE if MAKING CHANGES  City & State   City & State   Check HERE if MAKING CHANGES   Applicable	6210 S.W. 38TH STREET		6210 S.W. 38TH STREET					
Sulto, Apt. 4, etc.   Suite, Apt. 4, etc.   Check HERE if MAKING CHANGES  City & State   City & State   Check HERE if MAKING CHANGES   Applicable								
City & State  Country  Country  Country  Country  City  S. Certificate of Status Desired  See 75 Additional  See Required  City  FL  Zip Code  See The Bodown named and Address of Current Registered Agent  City  FL  Zip Code  See The Bodown named and see Registered Agent  City  FL  Zip Code  See The Bodown named and see Registered Agent  City  FL  Zip Code  See The Bodown named and see Registered Agent  City  FL  Zip Code  See The Bodown named and see Registered Agent  City  FL  Zip Code  See The Bodown named and see Registered Agent Registered Regent, or both, in the State of Florida. I am samiliar with, and accept the Obligations of registered Agent Registered Agent Registered Regent, or both, in the State of Florida. I am samiliar with, and accept the Obligations of registered Agent Registered Agent Registered Regent, or both, in the State of Florida. I am samiliar with, and accept the Obligations of registered Agent Registered Regent, or both, in the State of Florida. I am samiliar with, and accept the Obligations of registered Agent Registered Regent, or both, in the State of Florida. I am samiliar with, and accept the Obligations of registered Agent Registered Regent, or both, in the State of Florida. I am samiliar with, and accept the Obligations of registered Agent Registered Regent, or both, in the State of Florida. I am samiliar with, and accept the Obligations of registered Agent.  FILE NOW!!! FEE Is \$150.00  Make Check Payable to Florida Department of State  10.	2. Principal f	Place of Business	3. Mailing Address			- 		
Zip Country Zip Country 5. Ce-tificate of Status Desired \$87.5 Additional Fee Plaquifor Fee Plaquifo	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
Country   Country   Country   Siph   Country   Signature   Sa.75 Additional   Sa.75 Add	City & Stat	te	City & State			4. FEI Number 65-0897138		
MENDOZ, RICARDO A 6210 SW 38TH ST MIAMI FL 33155  8. The above named antily submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$150.00   After May 1, 2003 Fee will be \$550.00   Make Check Payable to Florida Department of State   O. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ADDITIONS   11. ADDITIONS   11. ADDITIONS   11. ADDITIONS   11. ADDITIONS   11	Zip	Country	Zip	Country		5. Certificate of Status Desired	<b>\$8.75</b> Ad	Iditional
MENDOZ, RICARDO A 6210 SW 38TH ST MIAMI FL 33155  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Flotida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature. Typed or prised reme of registered agent agent and title if explicate.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MAME STREET ADDRESS CITY-ST-2P  TILE  MAMI FL 3 + 315-5  TILE  MAMI FL 3 +		6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registe	red Agent	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City Florida Light State of Florida. I am familiar with, and accept city with a social case of registered agent, or both, in the State of Florida. I am familiar with, and accept city with a contribution of registered agent core agent city in a code agent city of a policy of the code agent city of application of registered agent or both, in the State of Florida. I am familiar with, and accept city with a code agent city of a policy of a po			_	Na	ame			
MIAMI FL 33155  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    City FL Zip Code	·			St	reet Address (I	P.O. Box Number is Not Acceptable)	<del></del>	
B. 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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, types or printed name of registered agent.   (NOTE Registered Agent signature required when reintaturing)   DATE						<u> </u>		
SIGNATURE    Signature, Tribute or printed name of ingistered agent and into it applicable. (INOTE Registered Agent segnature required when retriatation)   DATE		•		Ci	ty		FL Zip Coo	ie .
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE MENDOZA, CATHERINE 610 S.W. 38TH STREET MIAMI FL 3 + 315-5  TITLE MENDORAS CITY-SI-ZIP  TITLE MIAMI FL 33155  CITY-SI-ZIP  TITLE MIAMI FL 33155  CITY-SI-ZIP  TITLE MAME STREET ADDRESS CITY-SI-ZIP  TITLE			for the purpose of changing	g its registered of	fice or register	red agent, or both, in the State of Florida. I	am familiar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Feese  10. OFFICERS AND DIRECTORS	SIGNATURE		ent and title if applicable	NOTE: Registered Apen	t signature required	l when reinstation)	MTF.	
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lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information of the strue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to be proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supple of the corporation or the receiver changed, or on an attachment with all other like empowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-7IP

TENTO BEHONGED