

2000 UNIFORM BUSINESS REPORT (UBR)

1/26/00-90043-041-\$155.00-\$155.00

DOCUMENT # P99000010470

1. Entity Name

SOUTH PARK ENTERTAINMENT INC.

FILED

00 MAR 10 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2201 S.W. 59TH AVE.
HOLLYWOOD FL 33023

Mailing Address

2201 S.W. 59TH AVE.
HOLLYWOOD FL 33023-3048

2. Principal Place of Business

Same

3. Mailing Address

18520 NW 67th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 119

City & State

City & State

Miami Lakes

Zip

Country

Florida

Zip

33015

Country

USA

4. FEI Number

05-0890191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTONELLI, THOMAS
2201 S.W. 59TH AVE.
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

~~BOCA RATON ASSOCIATES INC~~

~~2000 BOKA BLVD~~

~~BOCA RATON FL 33431~~

City

~~BOCA RATON~~

FL

~~33431~~

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

Thomas Antonelli

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, 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 ☐ Delete
NAME D
STREET ADDRESS ANTONELLI, THOMAS
CITY-ST-ZIP 19770 CYPRESS CT.
MIAMI LAKES FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Thomas Antonelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/04/00 (954) 89399

KE