

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

PG9000010595

JAMI PRODUCTIONS, INC

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90110 048 ***150.00

Principal Place of Business

Mailing Address

13899 BISCAYNE BLVD PH
NORTH MIAMI BEACH, FL 33181

AG053644

2. Principal Place of Business

3. Mailing Address

13899 BISCAYNE BLVD

Suite, Apt. #, etc.
PH

City & State
NO MIAMI BEACH, FL

Zip
33181

Country
USA

Suite, Apt. #, etc.
SAME AS #2

City & State

Zip

Country

4. FEI Number

65-0890370

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERT BRENT
13899 BISCAYNE BLVD PH
NO MIAMI BEACH, FL 33181

Name

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

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.

SIGNATURE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIRECTOR
ROBERT BRENT
13899 BISCAYNE BLVD PH
NO MIAMI BEACH, FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT, SECRETARY
ROBERT BRENT
13899 BISCAYNE BLVD PH
NO MIAMI BEACH, FL 33181 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRES./TREASURER
JAMI BRENNER
13899 BISCAYNE BLVD PH
NO MIAMI BEACH, FL 33181 ☐ 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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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/23/00 (305) 893-4440

CR2E034 (9/99)