

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P990000 24488**

1. Entity Name  
**Tony Fleites Productions Inc.**

APPROVED  
AND  
FILED

Pg 1 of 2

00 OCT 10 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**5790 SW 16th St  
Miami, FL 33155**

2. Principal Place of Business

3. Mailing Address

**5790 SW 16th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FL**

City & State

4. FEI Number

**65-0907181**

Applied For

Not Applicable

Zip

**33155**

Country

**USA**

Zip

Country

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

**TONY FLEITES  
5790 SW 16th St  
Miami, FL 33155**

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  
**TONY FLEITES  
President  
5790 SW 16th St  
Miami, FL 33155** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**7000003446727-1  
-11/01/00--01043--018  
\*\*\*\*150.00 \*\*\*\*150.00** ☐ Change ☐ Addition

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


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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: **X**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-17-00**

Date

Daytime Phone #

CR2E034 (9/99)

**TONY FLEITES PRODUCTIONS INC.**

5790 SW 16 ST MIAMI, FL. 33155

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September 19, 2000

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE  
FLORIDA  
ATTN: Michelle Milligan-Doc. Specialist

GENTLEMEN:

Please find enclosed Form 2000 (UBR) as well as my check for \$150. As explained to you in our phone conversation of 9/8/2000 the reason for not applying before was I was not at this address at the time of the application was send to me, due to personal problems, and never got the original application.

Thanks very much for your attention to this matter.

Sincerely,

Tony Fleites Productions Inc,

By, Tony Fleites, Pres.

