

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90073 001 ***150.00

DOCUMENT # P99000033179

1. Entity Name

MONTECARLO TV PRODUCTIONS INC.

Principal Place of Business

Mailing Address

700 E. DANIA BEACH BOULEVARD
SUITE 202
DANIA FL 33004

700 E. DANIA BEACH BOULEVARD
SUITE 202
DANIA FL 33004-3031

2. Principal Place of Business

3. Mailing Address

7269 HENDRY CREEK
Suite, Apt. #, etc.

7269 HENDRY CREEK
Suite, Apt. #, etc.

City & State

City & State

FOOT MYERS FL

FOOT MYERS FL

Zip

Country

Zip

Country

33908

33908

4. FEI Number

Applied For

650911457

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIVIES, PATRICK
700 E. DANIA BEACH BOULEVARD
SUITE 202
DANIA FL 33004

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	PD	<input type="checkbox"/> Delete
NAME	FERRE-HEIGL, ELIANE	
STREET ADDRESS	7140 S.W. 5TH STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7269 HENDRY CREEK	
CITY-ST-ZIP	FOOT MYERS FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Eliane Ferre-Heigl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIANE FERRE-HEIGL 03/14/2000
Date Tel: 941-415-6557 Daytime Phone