

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041130

1. Entity Name

PINECREST ENTERTAINMENT, INC.

Principal Place of Business

8040 S.W. 132ND ST.
MIAMI FL 33156

Mailing Address

8040 S.W. 132ND ST.
MIAMI FL 33156-6720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

25850 SW 193 Ave.

Suite, Apt. #, etc.

25850 SW 193 Ave.

City & State

Homestead, FL.

City & State

Homestead, FL.

Zip

33071

Country

USA

Zip

33071

Country

USA

6. Name and Address of Current Registered Agent

CAMPBELL, CHRIS
8040 S.W. 132ND ST.
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Chris Campbell Lane

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

25850 SW 193 Ave

City Homestead, FL - FL Zip 33071

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

Chris Campbell Lane

4-25-2000

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	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, CHRIS	
STREET ADDRESS	8040 S.W. 132ND ST.	
CITY-ST-ZIP	MIAMI FL 33156	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chris Campbell Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25850 SW 193 Ave.	
STREET ADDRESS	Homestead, FL. 33071	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chris Campbell Lane

4-25-2000

Date

Daytime Phone #

305 242 2242



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)