

2001 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

2. Principal Place of Business

25850 SW 193 Ave.

3. Mailing Address

25850 SW 193 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip

33031

Country

USA

Zip

33031

Country

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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 Applicable)
25850 SW 193 Ave

City

Homestead

FL

Zip Code

33031

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

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, 2001 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	Director / President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chris Campbell Lane	
STREET ADDRESS	25850 SW 193 Ave	
CITY-ST-ZIP	Homestead, FL 33031	
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)(l), 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:

Chris Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90448 041 ***150.00

817610



DO NOT WRITE IN THIS SPACE

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