

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/2

FILED

Sep 19, 2000 8:00 am  
Secretary of State

08-29-2000 90188 029 \*\*\*150.00

DOCUMENT # P99000045589

1. Entity Name

EXHIBITOR RESOURCES, INC.

*l*

Principal Place of Business

1410 SW 87TH AVENUE  
PEMBROKE PINES FL 33025

Mailing Address

1410 SW 87TH AVENUE  
PEMBROKE PINES FL 33025-3307

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0923322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARRINGTON, MICHAEL  
1410 SW 87TH AVENUE  
PEMBROKE PINES FL 33025

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FARRINGTON, MICHAEL  
CITY - ST - ZIP 1410 SW 87TH AVENUE  
PEMBROKE PINES FL 33025

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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:

*Michael Farrington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-00  
Date

847-257-1320  
Daytime Phone #

108310



DO NOT WRITE IN THIS SPACE

Attachment Doc#  
099000045589  
[REDACTED]

Enclosed please find a copy of my corporate renewal. The original and my check were apparently lost in the mail. I have enclosed a copy of my stop payment from my bank.  
Thank you.

108310

## STOP-PAYMENT ORDER

## I. STOP-PAYMENT REQUEST

UNION BANK OF FLORIDA  
4651 SHERIDAN ST. #125  
HOLLYWOOD, FL 33021

Request Received  
☒ In Person ☐ By Phone

Request Accepted  
Date 07/12/2000

Account Number  
88815

Other: 108310

INSTITUTION ("We" or "Us")

Stop-Payment Fee  
\$ 29.00

Time 10:56 AM

By M. DOBROSKI

Duplicate Issued

☐ Yes ☒ No

Number

Date

## IMPORTANT!

ITEM DESCRIPTION: Because of the large volume of items we process, we do not visually inspect each item. We use a computer system that allows us different methods of searching an item. Therefore, the item description(s) you give us must be EXACT or our computer system will not be able to identify the item, and this stop-payment order will not be effective.

☒ Search of INDIVIDUAL Item Descriptions

Our computer system can be adjusted to search for an item by various individual item descriptions. We can search for any one of the item descriptions that are indicated below by a "☒".  
Fill in the PRECISE information for the ONE item description for which you want us to search.

☐ If checked, you may choose to have us search for the item using more than one description. If you wish to do so, you must fill in more than one PRECISE item description. We will search alternately for each item description you give us, and you ☐ will ☒ will not be charged an additional stop-payment fee for each additional item description we search for.

☒ Amount of the item, exact to the penny \$ 150.00

☒ Amount of the item, exact to the dollar \$ 150.00

☒ Item Number 1109

☒ Date of the item 04/20/2000

☒ Payable To STATE OF FLORIDA

☐ Search of COMBINATIONS of Item Descriptions

Our computer system searches an item by a combination of item descriptions. We can search for a combination of any of the descriptions that are indicated below by a "☒".  
Fill in the PRECISE information for EACH ONE of the item descriptions that you want us to use in the combined search.

EACH item description you give us must be EXACT or our computer system will not be able to identify the item, and your stop-payment order will not be effective.

☐ Amount of the item, exact to the penny \$ 0

☐ Amount of the item, exact to the dollar \$ 0

☐ Item Number

☐ Date of the item

☐ Payable To

Account  
Name

EXHIBITOR RESOURCES INC  
4040 SW 67TH TERRACE  
DAVIE, FL 33314

You and we will abide by the rules and regulations (as established by the Uniform Commercial Code or other law) governing Stop-Payment Orders. To be effective, we must receive the Stop-Payment Order in time to give us a reasonable opportunity to act on it, and before our stop-payment cutoff time, if any. Oral Stop-Payment Orders (including by phone) are binding for 14 DAYS ONLY, unless you confirm the order in writing on the proper form within the 14-day period. Properly signed Stop-Payment Orders are effective for 6 months after the date accepted and will automatically expire after that period unless renewed in writing.

Michael P. [Signature]  
AUTHORIZED SIGNATURE ("You" or "Your")

## II. RELEASE OF STOP-PAYMENT ORDER

BY THE FINANCIAL INSTITUTION

BY AUTHORIZED SIGNER

The item on which you have placed a Stop-Payment Order was presented on \_\_\_\_\_ and payment was stopped. When an item is returned unpaid because of a Stop-Payment Order, the words "Payment Stopped" are stamped on the item. This eliminates all possibilities of the item being presented for payment again. Therefore, we are removing your Stop-Payment Order from our records.

Please revoke the Stop-Payment Order described above.

☐ In Person

☐ By Phone

☐

Release Received \_\_\_\_\_ At \_\_\_\_\_ O'clock \_\_\_\_\_ M.

Original Returned? \_\_\_\_\_ Date \_\_\_\_\_

DRAWER OF ITEM \_\_\_\_\_

By \_\_\_\_\_

Request and Release must bear same authorized signature

Financial Institution \_\_\_\_\_

Authorized Signature  
for Financial Institution

Date