

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90020 039 \*\*\*150.00

**DOCUMENT # P99000045591**

1. Entity Name

**H B P ENTERTAINMENT GROUP CORPORATION**

Principal Place of Business

Mailing Address

541 SW 182ND WAY  
 PEMBROKE PINES FL 33029

541 SW 182ND WAY  
 PEMBROKE PINES FL 33029-4323

UUUUU1006

2. Principal Place of Business

**1001 N. FEDERAL HWY.**

3. Mailing Address

**1001 N. FEDERAL HWY**

Suite, Apt. #, etc.

**303**

Suite, Apt. #, etc.

**303**

City & State

**HALLANDALE FLORIDA**

City & State

**HALLANDALE FLORIDA**

4. FEI Number

**65-0922333**

Applied For

Not Applicable

Zip **33160**

Country

**U.S.A.**

Zip **33160**

Country

**U.S.A.**

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

**BASTIDAS, HAROLD H**  
**541 SW 182ND WAY**  
**PEMBROKE PINES FL 33029**

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**  Delete  
 NAME **BASTIDAS, HAROLD H**  
 STREET ADDRESS **7000 ISLAND BLVD.**  
 CITY-ST-ZIP **WILLIAM ISLAND FL 33160**

TITLE **VD**  Change  Additor  
 NAME **MALKUN, Luis F.**  
 STREET ADDRESS **1867 COLLINS AVE # 3103**  
 CITY-ST-ZIP **SUNNY ISLES Bch FL 33160**

TITLE **SD**  Delete  
 NAME **BASTIDAS, ANA I**  
 STREET ADDRESS **541 SW 182ND WAY**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Additor  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Additor  
 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:

**Harold H Bastidas**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-20-2000 (954) 456-05**  
 Date Daytime Phone #