

2000 UNIFORM BUSINESS REPORT-(UBR)

5/31

FILED
Jul 07, 2000 8:00 am
Secretary of State

05-30-2000 90098 048 ***150.00

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1. Entity Name

R. I. M. PRODUCTION / C-2-C MUSIC, INC.

R

Principal Place of Business

4763 C ORLEANS COURT
 WEST PALM BEACH FL 33415

Mailing Address

4763 C ORLEANS COURT
 WEST PALM BEACH FL 33415-8813

2. Principal Place of Business

RIM Prod / C-2-C Music

Suite, Apt. #, etc.

3. Mailing Address

4763 - C Orleans Ct

Suite, Apt. #, etc.

City & State

WPB Fla.

City & State

WPB Fla.

4. FEI Number

65-0925673

Applied For

Not Applicable

Zip

33415

Country

P.B.

Zip

33415

Country

P.B.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MAYS, CEDRIC

**4763 C ORLEANS COURT
 WEST PALM BEACH FL 33415**

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

Minister Cedric W. Mays

5-1-00

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
Ex. Director	Cedric W. Mays	4763-C Orleans Ct.	WPB Fla 33415	<input type="checkbox"/>
Director	Abb Clark	244 Forestria Dr.	Lake Park, Fla. 33403	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Minister Cedric W. Mays

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)