

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053968

1. Entity Name

UNIVERSAL DUBBING, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90231 025 ***150.00

Principal Place of Business

12000 BISCAYNE BLVD., #200
MIAMI FL 33181

Mailing Address

12000 BISCAYNE BLVD., #200
MIAMI FL 33181-2742

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0926804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIPNIK, DAVID
12000 BISCAYNE BLVD., #200
MIAMI FL 33181

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 KING, KATHLEEN
STREET ADDRESS ~~2171 N.E. 123 STREET~~
CITY-ST-ZIP ~~N. MIAMI FL 33180~~

TITLE ☐ Delete

NAME ARDNER, MICHAEL
STREET ADDRESS 1531 N.E. 131 LANE
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ Delete

NAME LIPNIK, DAVID
STREET ADDRESS ~~4420 SHERIDAN AVE.~~
CITY-ST-ZIP ~~MIAMI BEACH FL 33140~~

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

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 714 N.W. 12 AVE.
CITY-ST-ZIP DANIA, FL 33004

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS 10250 COLLINS AVE., APT. 304
CITY-ST-ZIP BAL HARBOUR, FL 33154

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/00
Date

305-891-3301
Daytime Phone #

CR2E034 (9/99)