

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055552

1. Entity Name

SWEN ENTERTAINMENT, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90119 040 \*\*\*150.00

Principal Place of Business

Mailing Address

~~12000 BISCAYNE BLVD.~~  
~~SUITE 000~~  
~~MIAMI FL 33140~~

~~782 NE LE JEUNE RD~~  
~~SUITE 434~~  
~~MIAMI FL 33126-3549~~

2. Principal Place of Business

4420 SHERIDAN AVE

3. Mailing Address

4420 SHERIDAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

45-0907896

Applied For

Not Applicable

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

~~LOPEZ, ANTONIO R CPA~~  
~~782 NW LE JEUNE RD~~  
~~SUITE 434~~  
~~MIAMI FL 33126~~

Name

DAVID LIPNIK

Street Address (P.O. Box Number is Not Acceptable)

4420 SHERIDAN AVE

City

MIAMI BEACH

FL

Zip Code

33140

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)

04/28/00  
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 LIPNIK, DAVID  
STREET ADDRESS 4420 SHERIDAN AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE VD ☐ Delete  
NAME LIPNIK, LISA D  
STREET ADDRESS 4420 SHERIDAN AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE SD ☐ Delete  
NAME LIPNIK, ELIEZER  
STREET ADDRESS 4420 SHERIDAN AVE  
CITY-ST-ZIP MIAMI BEACH FL 33140

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/00

305-632-1335

CR2E034 (9/99)