

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90328 048 ***150.00

DOCUMENT # P99000074250

1. Entity Name

COALITION ENTERTAINMENT GROUP, INC.

Principal Place of Business

**200 LESLIE DRIVE
 #504
 HALLANDALE FL 33009**

Mailing Address

**200 LESLIE DRIVE
 #504
 HALLANDALE FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

200 LESLIE DR

3. Mailing Address

200 LESLIE DR

Suite, Apt. #, etc.

#619

Suite, Apt. #, etc.

#619

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

Zip

33009

Country

Zip

33009

Country

4. FEI Number

65-0943889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BIONDO, ADRIANE

200 LESLIE DRIVE

#504

HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name

ADRIANE BIONDO

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

200 LESLIE DR

#619

City

HALLANDALE, FL

FL

Zip Code

33009

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

Adriane Biondo

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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, 2002 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 **P** ☐ Delete
 NAME **BIONDO, ADRIANE**
 STREET ADDRESS **200 LESLIE DR #504**
 CITY-ST-ZIP **HALLANDALE FL 33009**

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 **P** ☒ Change ☐ Addition
 NAME **BIONDO, ADRIANE**
 STREET ADDRESS **200 LESLIE DR #619**
 CITY-ST-ZIP **HALLANDALE, FL 33009**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

305-999-5333

Daytime Phone #

CR2E034 (9/01)