

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000076698

1. Entity Name

UBUY PRODUCTIONS, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90063 029 ***158.75

Principal Place of Business

Mailing Address

1193 NW 114 AVENUE
CORAL SPRINGS FL 33071

1193 NW 114 AVENUE
CORAL SPRINGS FL 33071-6310

2. Principal Place of Business

1744 COLONIAL DR
Suite, Apt. #, etc.

3. Mailing Address

1744 COLONIAL DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33071

Country
US

Zip
33071

Country
US

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JENNY
1193 NW 114 AVENUE
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name
MARTIN, JENNY
Street Address (P.O. Box Number is Not Acceptable)
1744 COLONIAL DR
City
CORAL SPRINGS FL Zip Code
33071

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 registered)

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 | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PSJ STEVE BAZSULY |
| STREET ADDRESS | 1744 COLONIAL DR |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

4/25/00 954 227-5927

STEVE BAZSULY