

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077769

1. Entity Name

KNOCK ON WOOD PRODUCTIONS, INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90089 027 ***150.00

Principal Place of Business

Mailing Address

608 EUCLID AVE., #1
MIAMI BEACH FL 33139

608 EUCLID AVE., #1
MIAMI BEACH FL 33137-2604

2. Principal Place of Business

3. Mailing Address

5781 Biscayne Blvd

5781 Biscayne Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

604

604

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

Zip

Country

FL 33137

USA

33137

USA

4. FEI Number

65-0943111

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

TOM, SANDRA WEE
608 EUCLID AVE., #1
MIAMI BEACH FL 33139

Name
Sandra Wee Tom

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

5781 Biscayne Blvd #604

City
Miami

FL

Zip Code
33137

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TOM, SANDRA WEE
608 EUCLID AVE., #1
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Sandra Wee Tom (last name is wee tom) ☒ Change ☐ Addition
5781 Biscayne Blvd #604
Miami, FL 33137

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Sandra Wee Tom

Sandra Wee Tom

04.10.00

305.582.3919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #