

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085887

1. Entity Name
CRAIG STRANG PRODUCTIONS, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90210 039 ***150.00

Principal Place of Business
1228 WEST AVENUE, SUITE 1410
MIAMI BEACH FL 33139

Mailing Address
1228 WEST AVENUE, SUITE 1410
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10811 NE 10th AVE
Suite, Apt. #, etc.

3. Mailing Address
1602 ALTON RD
Suite, Apt. #, etc.
SUITE 561

City & State
BISCAYNE PARK FL
Zip
33161
Country
US

City & State
MIAMI BEACH FL
Zip
33139
Country
US

4. FEI Number 65-6325920
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMPSON, CRAIG
1228 WEST AVE #1410
MIAMI FL 33139

7. Name and Address of New Registered Agent
Name CRAIG THOMPSON
Street Address (P.O. Box Number is Not Acceptable)
10811 NE 10th AVE
City BISCAYNE PARK FL Zip Code 33161

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 *Craig Thompson* DATE May 1, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, CRAIG 1228 WEST AVE # 1410 MIAMI FL 33139 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, CRAIG 10811 NE 10th AVE BISCAYNE PARK, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Craig Thompson* DATE May 1, 2001 305-899-9168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)