

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90073 049 ***150.00

DOCUMENT # P99000088216

1. Entity Name

UNREEL VIDEOS, INC.

Principal Place of Business

Mailing Address

BOX 717
 BEACH FL 33447-0717

P.O. BOX 717
 DELRAY BEACH FL 33447-0717

00025652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

707 Place Tavant
 Suite, Apt. #, etc.

P.O. Box 717
 Suite, Apt. #, etc.

City & State

City & State

Delray Beach, Fla Delray Beach, Fla

Zip

Country

Zip

Country

33445 USA 33445 U.S.A.

4. FEI Number

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

Name

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

City

FL

Zip Code

FINST, ALICE H
 707 PLACE TAVANT
 DELRAY BEACH FL 33445

Same

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

Alice H. Finst

01/31/2000

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

Registered Agent
Alice H. Finst
707 Place Tavant
Delray Beach, Fla 33445

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
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 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:

Alice H. Finst
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2000

Date

Daytime Phone #

561-498-7140