

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088356

1. Entity Name

UNITED FILMWORKS, INC.

**FILED**  
May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90065 005 \*\*\*150.00

Principal Place of Business

1990 N.E. 163RD. STREET, STE. 104  
NO. MIAMI BEACH FL 33162

Mailing Address

1990 N.E. 163RD. STREET, STE. 104  
NO. MIAMI BEACH FL 33162-4854

2. Principal Place of Business

1990 NE 163rd Street

3. Mailing Address

1990 NE 163rd Street

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

North Miami Beach, FL

City & State

North Miami Beach, FL

Zip

33162

Country

U.S.A.

Zip

33162

Country

U.S.A.

4. FEI Number

65-0959138

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ATENCIO, JIMMY A  
18011 BISCAYNE BLVD, NO. 1005  
AVENTURA FL 33160

7. Name and Address of New Registered Agent

Name

Polly S. Voss

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

1990 NE 163rd St.

Suite 104

City

North Miami Beach

FL

Zip Code

33162

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

Polly S. Voss

Polly S. Voss

4/20/00

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

TITLE	General Manager	<input checked="" type="checkbox"/> Delete
NAME	Jimmy A. Atencio	
STREET ADDRESS	18011 Biscayne Blvd. #1005	
CITY - ST - ZIP	Aventura, FL 33160	
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	President / General Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Polly S. Voss	
STREET ADDRESS	1990 NE 163rd St. #104	
CITY - ST - ZIP	North Miami Beach, FL 33162	
TITLE	Sales V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jimmy A. Atencio	
STREET ADDRESS	1990 NE 163rd St. #104	
CITY - ST - ZIP	North Miami Beach, FL 33162	
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:

Polly S. Voss

REQUIRED

4/20/00

305-947-8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)