

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088356

1. Entity Name  
**UNITED FILMWORKS, INC.**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 91001 017 \*\*\*150.00

Principal Place of Business  
**1990 N.E. 163RD. STREET.STE.104**  
**SUITE 104**  
**NO. MIAMI BEACH FL 33162**

Mailing Address  
**1990 N.E. 163RD. STREET.STE.104**  
**SUITE 104**  
**NO. MIAMI BEACH FL 33162**

2. Principal Place of Business  
**10487 NW 3rd St.**  
Suite, Apt. #, etc.

3. Mailing Address  
**10487 NW 3rd St.**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Fort Lauderdale, FL**  
Zip  
**33324**  
Country  
**U.S.A.**

City & State  
**Fort Lauderdale, FL**  
Zip  
**33324**  
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**

**VOSS, POLLY S**  
**1190 NE 163RD STREET**  
**SUITE 104**  
**MIAMI FL 33162**

**7. Name and Address of New Registered Agent**

Name **Voss, Polly S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**10487 NW 3rd St.**  
City **Fort Lauderdale** **FL** Zip Code **33324**

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**  
Signature, typed or printed name of registered agent and title if applicable.

**Polly S. Voss**  
(NOTE: Registered Agent signature required when reinstating)

**4/20/01**  
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, 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	<b>PGM</b>	<input type="checkbox"/> Delete
NAME	<b>VOSS, POLLY S</b>	
STREET ADDRESS	<b>1990 NE 163RD STREET #104</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> Delete
NAME	<b>ATENCIO, JIMMY A</b>	
STREET ADDRESS	<b>1990 NE 163RD STREET #104</b>	
CITY-ST-ZIP	<b>MIAMI FL 33162</b>	
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 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
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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01**  
Date

**954/382-5791**  
Daytime Phone #

CR2E034 (10/00)