

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092934

1. Entity Name

BLACK FLAME ENTERTAINMENT, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90265 007 ***158.75

Principal Place of Business

Mailing Address

NW 18TH ST
PINES FL 33028

16236 NW 18TH ST
PEMBROKE PINES FL 33028-1729

2. Principal Place of Business

16236 NW 18 St
Suite, Apt. #, etc.

3. Mailing Address

16236 NW 18 St
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33028

Country
Broward

Zip
33028

Country
Broward

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

MOBLEY, DONEL
16236 NW 18TH ST
PEMBROKE PINES FL 33028

Name

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

City

FL

Zip Code

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
PD
MOBLEY, DONEL
16236 NW 18TH ST
PEMBROKE PINES FL 33028 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JUDSON, PAKI
20210 NE 10 PL
MIAMI FL 33179 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ 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:

Donel L Mobley
DONEL L. MOBLEY

4-12-00-954-704-9239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)