

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098357

1. Entity Name
MW PRODUCTIONS, INC.

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

07-18-2000 90016 011 ***150.00

Principal Place of Business

1760 CLEVELAND ROAD
MIAMI BEACH FL 33141

Mailing Address

1760 CLEVELAND ROAD
MIAMI BEACH FL 33141

2. Principal Place of Business

6767 Collins Avenue

3. Mailing Address

6767 Collins Avenue

Suite, Apt. #, etc.

#803

Suite, Apt. #, etc.

#803

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

4. FEI Number

65-0959607

Applied For

Not Applicable

Zip

33141

Country

Zip

33141

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, WARREN
1760 CLEVELAND ROAD
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name

Helene Mouty

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

6767 Collins Avenue #803

City

Miami Beach

FL

Zip Code

33141

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

07/08/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | Pre | <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 | | |
| 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 checked="" type="checkbox"/> Addition |
| NAME | Warren Coleman | |
| STREET ADDRESS | 1760 Cleveland Road | |
| CITY-ST-ZIP | Miami Beach, FL 33141 | |
| TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Helene Mouty | |
| STREET ADDRESS | 6767 Collins Avenue #803 | |
| CITY-ST-ZIP | Miami Beach, FL 33141 | |
| 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helene Mouty 07/08/00 305 868 7519
Date Daytime Phone #

CR2E034 (5/00)

PA9000048357

ADD068069

MW Productions
1760 Cleveland Road
Miami Beach, Florida 33141

July 6, 2000

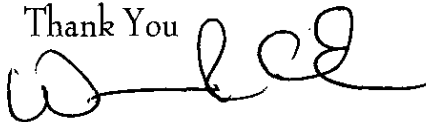
Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Re: 2000 Uniform Business Report

To whom it may concern:

This letter is to inform you that I never received any information about filing this report before May 2000. After receiving this notices I called your office and was advised to send \$150.00 and this letter along with the form.

Thank You



Warren Coleman