## 2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P99000100600  1. Entity Name							5/1 T <sub>1</sub>	un <b>2</b> 1		LED	•ՈՈ aı	
							Jun 21, 2000 8:00 am Secretary of State					
•	PRODUCTIONS	2						y U1 1 107 041 **				
Principal Place of Business Mailing Address					·,·							
1177 LAKEPOIN PLANTATION FL			1177 LAKEPOINTE LANE PLANTATION FL 33322-5791				- ~ v v v					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	El Number			1/2	plied For Applicable	
Zip Country		untry	Zip	Coun	Country		Certificate of Sta	tus Desired		\$8.75 Add Fee Required		
	6. Name and A	ddress of Current Re	gistered Agent		Name	7. N	ame and Addr	ess of New R	egistered	Agent		
GAR	GARGIULO, ROSEANN					ress (P.O. Br	ox Number is N	ot Acceptable	<u> </u>	<del></del>		
1177 LAKEPOINTE LANE												
PLANTATION FL 33322			City						FI	Zip Code	,	
			ne purpose of changing	ite maleter		nistered see	ent or both in ti	ne State of Flo		-		
SIGNATURE _	Hamou staty suon	THE STATE OF THE S								<u>.</u>		
	Signature, typed or printe	id name of registered agent and	<del>,</del>		Agent signature r	equired when re	instating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2000 Make Check Payable					will be \$550	f State	Trust Fun	Campaign Fin d Contribution	n. l	Added Added	0 May Be to Fees	
11.	- /	OFFICERS AND DI		12.		AD	DITIONS/CHAN	IGES TO OFF	CERS AN	D DIRECTORS  Change	Addition	
HILE President Principal ROSETANN CHARZIUC STREET ADDRESS 1177 14/4 pointe lan			c Delete		E Et adoress							
CITY-ST-ZIP TITLE		ion, F/ 35	<u> </u>	TITLE	-ST-2IP			<del></del> -		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	1177/14/4	pointe lane		NAM STRE	ľ							
TITLE	Flantati Trussver		☐ Delets	TITU					<del></del>	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	R 6771	epoints Im	-L		ET ADORESS -ST-ZIP		_				}	
TITLE NAME STREET ADDRESS	Allothers R.GATKIN 1177/m/c	officers +	Directo & Delete	4						Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	Van ta	tren, FL3	<u> </u>	TITU						Change	Addition	
CITY-ST-ZIP				CITY	-SY-ZIP					[7 ab	Addition	
TITLE NAME STREET ADDRESS			□ Delete							Change	Addition	
Indicated	poration or the rec or on an attachme	uppremental report is yes enver or trustee empty with an address with	gis filing does not qualifi ue and accurate and the ered to execute this rep h all other like empower	y for the exe nat my signa nort as required.	mption stated ture shall hav red by Chapt			that my nage		17 Block 11 00 150 - 39 2 - 39		
	/500	Mature and troub on oran	Mary					Octo		Daytime Phone ≇		