

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90036 018 ***158.75

DOCUMENT # V17789

1. Entity Name

REMEMBER WHEN/TAKE TWO PRODUCTIONS, INC.

Principal Place of Business

6430 PARK ST.
 HOLLYWOOD FL 33024
 US

Mailing Address

P.O. BOX 7239
 HOLLYWOOD HILLS STATION
 HOLLYWOOD FL 33021
 US

2. Principal Place of Business

3. Mailing Address

615 S.W. 5th Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hallandale, FL

4. FEI Number

59-2783124

Applied For

Not Applicable

Zip

Country

Zip

33009

Country

usa

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

**DOMINGO, VIOLET
 6430 PARK ST.
 HOLLYWOOD FL 33024**

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	DP	<input type="checkbox"/> Delete
NAME	DOMINGO, VIOLET	
STREET ADDRESS	6430 PARK ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VELASCO, BARBARA	
STREET ADDRESS	615 SW 5TH AVE.	
CITY-ST-ZIP	HALLANDALE FL 33009	
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
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: BARBARA VELASCO *Barbara Velasco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00 (954) 456-8043

Date

Daytime Phone #

CR2E034 (9/99)