

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V31625

1. Entity Name

THEE DOLLHOUSE PRODUCTIONS N.C., INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90076 008 \*\*\*150.00

Principal Place of Business

Mailing Address

1308 ROSE BLVD.  
SUITE B  
ORLANDO FL 32839  
US

1308 ROSE BLVD.  
SUITE B  
ORLANDO FL 32839-3385  
US

2. Principal Place of Business

3. Mailing Address

2301 Delmar Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

65-0366091

Applied For

Not Applicable

Zip

Country

Zip

Country

33301

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYES ST.  
STE 105  
TALLAHASSEE FL 32301

Name

Richard M. Goldstein, P.A.

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

2500 First Union Financial Center

200 S. Biscayne Blvd. Suite 2500

City

Miami

FL

Zip Code

33131

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.

By: Richard M. Goldstein, President

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
ST	BOLES, LAIRD M.	1308 ROSE BLVD., SUITE B	ORLANDO FL	<input type="checkbox"/>
DP	PETER, MICHAEL J	3365 NO FEDERAL HWY	FT LAUDERDALE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Peter

Date

Daytime Phone #

2/18/00

407-856-9311

CR2E034 (9/99)