

2000 UNIFORM BUSINESS REPORT (UBR)

10f2

DOCUMENT # V51496

1. Entity Name
STUDIO 39, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUL 24 PM 1:10

Principal Place of Business
MIAMI-DADE COUNTY
MIAMI-DADE COUNTY FL

Mailing Address
2445 COLLINS AVE., 7TH FLOOR
MIAMI BEACH FL 33139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0346462

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WATT, GORDON
4500 LEJEUNE ROAD
CORAL GABLES FL 33146

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATITUCCI, MARCO 2445 COLLINS AVE., 7TH FLOOR MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATITUCCI, JOHN 2445 COLLINS AVE., 7TH FLOOR MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003344394-2 -08/02/00--01080--026 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (5/00)



2 of 2

Date : July 12, 2000

Uniform Business Report
Division of Corporations
P O Box 1500
Tallahassee, FL. 32302-1500

TO WHOM IT MAY CONCERN

Enclosed please find our Check # 11493 dated 7/12/00 for the amount of \$150.00 towards Document # V51496 (Entity Name - Studion 39, Inc.).

On March 7, 2000 we mailed out our Check # 11222 dated 3/7/00 payable to Department of State for \$150.00 . However, on talking to your office to Mr. Nathan and Mr. Tyrone, my office was informed that the check and Form V 51496 was returned back due to the fact that it had not been signed. But until today I have not received the check # 11222 or the form returned back to me and hence I have issued a new check for \$150.00.

I hereby request you to kindly waive the late fee.

Thanking you for your co-operation.

MARCO PATITUCCI

cc : Division of Corporations
P O Box 6327
Tallahassee, FL. 32314