

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V55917**

1. Entity Name

N UR EYE FILMS, INC.**FILED****Apr 17, 2001 8:00 am**
Secretary of State

04-17-2001 90079 049 ***150.00

Principal Place of Business

**120 E. OAKLAND PARK BLVD
SUITE 105
FORT LAUDERDALE FL 33334
US**

Mailing Address

**2826 E OAKLAND PARK BLVD
SUITE 200
FT LAUDERDALE FL 33306
US**

2. Principal Place of Business

3. Mailing Address

120 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 105

City & State

City & State

FT LAUDERDALE, FL

4. FEI Number

59-3136191

Applied For

Not Applicable

Zip

Country

Zip

Country

33334**US**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

**BULFIN, BOB
2826 E OAKLAND PARK BLVD
SUITE 200
ST LAUDERDALE FL 33306**

Name

MAYA MOORE

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

320 NE 98 ST.

City

MIAMI SHORES**FL**

Zip Code

33138

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

MAYA MOORE - MAYA MOORE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/01

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, 2001 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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | O'GRADY, JOHN | |
| STREET ADDRESS | 272 IMPERIAL LN | |
| CITY-ST-ZIP | LAUDERDALE BY THE SEA FL 33308 | |

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

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MOSTELLER, ERNEST C | |
| STREET ADDRESS | 272 IMPERIAL LN | |
| CITY-ST-ZIP | LAUDERDALE BY THE SEA FL 33308 | |

| | | |
|----------------|------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERNEST C MOSTELLER | |
| STREET ADDRESS | 320 NE 98 ST. | |
| CITY-ST-ZIP | MIAMI SHORES, FL 33138 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

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| NAME | | |
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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:

Ernest C. Mosteller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

305-754-1229

Daytime Phone #

CR2E034 (10/00)