

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V65404

1. Entity Name

SHOW PRODUCTIONS OF THE PALM BEACHES, INC.

Principal Place of Business

8422 NW 43 ST
CORAL SPRINGS FL 33067
US

Mailing Address

160 W. CAMINO REAL
SUITE 250
BOCA RATON FL 33432-5942
US

2. Principal Place of Business

5786 WILES RD
Suite, Apt. #, etc.
310
City & State
CORAL SPRINGS FL
Zip
33067
Country
USA

3. Mailing Address

5786 WILES RD.
Suite, Apt. #, etc.
310
City & State
CORAL SPRINGS FL
Zip
33067
Country
USA

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90010 046 ***150.00



DO NOT WRITE IN THIS SPACE

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

65-0362228

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IMBER, DAVID P
160 W. CAMINO REAL
SUITE 250
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name

Imber David P.

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

5786 WILES ROAD #310

City

CORAL SPRINGS

FL

Zip Code

33067

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)

DAVID P. IMBER

DATE

1-31-00

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 PD
STREET ADDRESS IMBER, DAVID P.
CITY-ST-ZIP 6422 NW 43RD ST
CORAL SPRINGS FL 33067 ☐ Delete

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Add
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Add
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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-00 954/796-8591