

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90283 041 \*\*\*150.00

**DOCUMENT # V65404**

1. Entity Name

**SHOW PRODUCTIONS OF THE PALM BEACHES, INC.**

Principal Place of Business

5786 WILES RD  
 310  
 CORAL SPRINGS FL 33067  
 US

Mailing Address

5786 WILES RD  
 310  
 CORAL SPRINGS FL 33067  
 US

2. Principal Place of Business

7667 W. SAMPLE RD.  
 Suite, Apt. #, etc.  
 #231

3. Mailing Address

7667 W. SAMPLE RD.  
 Suite, Apt. #, etc.  
 #231

City & State  
 CORAL SPRINGS, FL

City & State  
 CORAL SPRINGS, FL

Zip  
 33065

Country  
 USA

Zip  
 33065

Country  
 USA

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.  
 5786 WILES ROAD # 310  
 CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name, IMBER, DAVID P.  
 Street Address (P.O. Box Number is Not Acceptable)  
 7667 W. SAMPLE RD. #231  
 City, CORAL SPRINGS FL Zip Code 33065

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 *David P. Imber*  
 Signature, typed or printed name of registered agent and title if applicable.

DAVID P. IMBER

4-20-01

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 STREET ADDRESS  
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 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 any address, with all other like empowered.

SIGNATURE: *David P. Imber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID P. IMBER

Date

Daytime Phone #

4-20-01 934/796-8598

CR2E034 (10/00)

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