

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90124 002 ***150.00

DOCUMENT # P01000077326

1. Entity Name
H.A.F. PRODUCTIONS, INC.

Principal Place of Business
3830 SOUTHWEST 137TH AVENUE
MIAMI FL 33175

Mailing Address
3830 SOUTHWEST 137TH AVENUE
MIAMI FL 33175

B011109M



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3008 N.E 210 ST
 Suite, Apt. #, etc.

3. Mailing Address
7105 S.W 8 ST
 Suite, Apt. #, etc.

City & State
AVENTURA

City & State
Miami FL

4. FEI Number
65-1126220

Applied For
 Not Applicable

Zip **FL** Country **33180**

Zip **33144** Country **103**

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

HERRERA, JOSE R
3830 SOUTHWEST 137TH AVENUE
MIAMI FL 33175

Name
 Street Address (P.O. Box Number is Not Acceptable)
3008 N.E 210 ST
 City **AVENTURA** **FL** Zip Code **33180**

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 \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD HERRERA, JOSE R 3008 N.E. 210 ST. AVENTURA FL 33180	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AREIZA, FERNANDO 3008 N.E. 210 ST. AVENTURA FL 33180	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FUENTES, JOSE O 3008 N.E. 210 ST. AVENTURA FL 33180	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 (305) 226-3443
 Date Daytime Phone #

CR2E034 (9/01)