

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**  
 05-16-2000 90152 014 \*\*\*150.00

**DOCUMENT # P93000056362**

1. Entity Name  
**BAGUE PRODUCTIONS, INC.**

Principal Place of Business <b>15 MADEIRA AVENUE                  #6                  CORAL GABLES FL 33134                  US</b>	Mailing Address <b>15 MADEIRA AVENUE                  #6                  CORAL GABLES FL 33134-4176                  US</b>
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0431355</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BAGUE, JULIO JR.  
 15 MADEIRA AVENUE  
 #6  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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, 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 P	<input type="checkbox"/> Delete
NAME BAGUE, JULIO JR.	
STREET ADDRESS 15 MADEIRA AVENUE #6	
CITY-ST-ZIP CORAL GABLES FL 33134	
TITLE VS	<input type="checkbox"/> Delete
NAME BAGUE, IRELA M	
STREET ADDRESS 15 MADEIRA AVENUE #6	
CITY-ST-ZIP CORAL GABLES FL 33134	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/25/00** Daytime Phone #: **305-567-0464**

CRE034 (9/99)