

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2000 8:00 am**  
**Secretary of State**

09-06-2000 90100 007 \*\*\*550.00

**DOCUMENT # P94000085694**

1. Entity Name  
**PALUMBO PRODUCTIONS INC.**

Principal Place of Business 1112 NW 129 CT MIAMI FL 33182 US	Mailing Address 1112 NW 129 CT MIAMI FL 33182 US
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0537679**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PATINO, RAIZA**  
**1112 NW 129 CT**  
**MIAMI FL 33182**

7. Name and Address of New Registered Agent

Name **PALUMBO, RAIZA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1112 NW 129 CT**  
 City **MIAMI**      **FL**      Zip Code **33182**

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 **8/31/00**  
Signature, typed or printed name of registered agent and date 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PATINO, RAIZA</b>
STREET ADDRESS	<b>21008 SW 121 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33177</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PALUMBO, JAVIER</b>
STREET ADDRESS	<b>21008 SW 121 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33177</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALUMBO, RAIZA</b>
STREET ADDRESS	<b>1112 NW 129 Ct.</b>
CITY-ST-ZIP	<b>MIAMI FL 33182</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALUMBO, JAVIER</b>
STREET ADDRESS	<b>1112 NW 129 Ct.</b>
CITY-ST-ZIP	<b>MIAMI FL 33182</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **REQUIRED**      Date **08.31.00**      Daytime Phone # **305 229 0402**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)