

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90066 022 \*\*\*150.00

**DOCUMENT # P97000093958**

1. Entity Name  
**JLB LA MAR PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

C/O JOSE L. BOTELLA  
 3454 ROYAL PALM AVE.  
 MIAMI BEACH FL 33140

C/O JOSE L. BOTELLA  
 3454 ROYAL PALM AVE.  
 MIAMI BEACH FL 33140-3940

2. Principal Place of Business

3. Mailing Address

**3454 Royal Palm Ave**  
 Suite, Apt. #, etc.

**3454 Royal Palm Ave**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach, FL**

4. FEI Number  
**65-0793382**

Applied For  
 Not Applicable

Zip  
**33140**

Country  
**Dade**

Zip  
**33140**

Country

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

**FEUERMAN, JONATHAN**  
**SUNTRUST INTERNATIONAL CENTER**  
**1 SE 3RD AVE., STE. 2400**  
**MIAMI FL 33131**

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 \_\_\_\_\_ 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOTELLA, JOSE L</b> <b>3454 ROYAL PALM AVE.</b> <b>MIAMI BEACH FL 33140</b>	<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

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 another like empowered.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR