

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90180 025 ***150.00

DOCUMENT # F00000000834

1. Entity Name
MRH PRODUCTIONS, INC.

Principal Place of Business

230 174 STREET, STE #2311
MIAMI BEACH FL 33160

Mailing Address

230 174 STREET, STE #2311
MIAMI BEACH FL 33160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 WEST AVE.

3. Mailing Address

800 WEST AVE.

Suite, Apt. #, etc.

STE # 634

Suite, Apt. #, etc.

STE # 634

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

11-3425330

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLZINGER, MARCELO

230 174 STREET, STE #2311

MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name **HOLZINGER MARCELO**

Street Address (P.O. Box Number is Not Acceptable)

800 WEST AVE. STE. # 634

City **MIAMI BEACH**

FL

Zip Code **33139**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 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

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PCD | <input type="checkbox"/> Delete |
| NAME | HOLZINGER, MARCELO | |
| STREET ADDRESS | 230 174 STREET, STE 2311 | |
| CITY-ST-ZIP | MIAMI BEACH FL | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|--|
| TITLE | PCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLZINGER, MARCELO | |
| STREET ADDRESS | 800 WEST AVE. # 634 | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| 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 | | |
| 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 REQUIRED
MARCELO HOLZINGER

Date

Daytime Phone #

04/15/02

(305) 645-1025

CR2E034 (9/01)