

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State
 03-03-2002 90116 035 ***158.75

DOCUMENT # F01000005817

1. Entity Name
PRODUCCIONES THOMAS, OCHOA & ASSOCIATES, INC.

Principal Place of Business

**2300 SPRINGFIELD BLVD
 #1-112
 PALM SPRINGS FL 33461**

Mailing Address

**2300 SPRINGFIELD BLVD
 #1-112
 PALM SPRINGS FL 33461**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

clo MARIO GARCIA, Esq.

15432 SW 97 Ter.

Miami, FL

33196

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

94-3414537

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

MARTINEZ, MARTIZA

**2300 SPRINGFIELD BLVD #1-112
 PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent

Name

MARIO GARCIA, Esq.

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

15432 SW 97 Ter.

City

Miami

FL

Zip Code

33196

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

2-18-02

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

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**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	P	<input type="checkbox"/> Delete
NAME	THOMAS HERNANDEZ, RADHAMES A	
STREET ADDRESS	AVE. BERMUDEZ EN CALLE STA, ANA & AVE	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	OCHOA, EVER A	
STREET ADDRESS	AVE. BERMUDEZ EN CALLE STA, ANA & AVE	
CITY-ST-ZIP	CARACAS, VENEZUELA	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Legal Counsel	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO GARCIA	
STREET ADDRESS	15432 SW 97 Ter.	
CITY-ST-ZIP	MIAMI, FL 33196	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-02 786-255-2747

CR2E034 (9/01)