

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001573

1. Entity Name

BRANA THEATRICAL VISIONS INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90089 045 ***150.00

Principal Place of Business

600 THACKER AVE
SUITE D-51
KISSIMMEE FL 34741

Mailing Address

600 THACKER AVE
SUITE D-51
KISSIMMEE FL 34746-5102

2. Principal Place of Business

4825 KINGSTON CIR.

3. Mailing Address

4825 KINGSTON CIR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

KISSIMMEE, FL

4. FEI Number

93-1170721

Applied For

Not Applicable

Zip

34746

Country

OSCEOLA

Zip

34746

Country

OSCEOLA

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

GONZALEZ, ROMAN
600 THACKER AVE
SUITE D-51
KISSIMMEE FL 34741

Name

Roman Gonzalez.

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

4825 KINGSTON CIR.

City

KISSIMMEE,

FL

Zip Code

34746

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, 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	CP	<input type="checkbox"/> Delete
NAME	GONZALEZ, JOSE C	
STREET ADDRESS	4825 KINGSTON CIR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	V	<input type="checkbox"/> Delete
NAME	GONZALEZ, BRUNO	
STREET ADDRESS	4825 KINGSTON CIR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
TITLE	S	<input type="checkbox"/> Delete
NAME	GONZALEZ, ROMAN	
STREET ADDRESS	4121 HARVES HILL RD, APT 197	
CITY-ST-ZIP	DALLAS TX 75244	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARRONDO, MARIA I	
STREET ADDRESS	4825 KINGSTON CIR	
CITY-ST-ZIP	KISSIMMEE FL 34746	
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"/> 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	
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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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roman Gonzalez

Date

Daytime Phone #

4/23/00

408-397-0226

CR2E034 (9/99)