

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90046 008 \*\*\*150.00

DOCUMENT # **K98964**

1. Entity Name  
**MARTA VELASCO PRODUCTIONS, INC.**

Principal Place of Business	Mailing Address
6027 SW 30TH ST MIAMI FL 33155 US	6027 SW 30TH ST MIAMI FL 33155-4011 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6027 S.W. 30th STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>6027 S.W. 30th STREET</b> Suite, Apt. #, etc.
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City & State <b>MIAMI, FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>	4. FEI Number <b>65-0128759</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33155</b>	Country <b>U.S.A.</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LUCIA-O'FARRILL, JULIO</b> <b>6027 SW 30TH STREET</b> <b>MIAMI FL 33155</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PST</b>	<input type="checkbox"/> Delete	TITLE <b>LUCIA, MARTA</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUCIA, MARTA</b>		NAME	
STREET ADDRESS <b>6027 SW 30 STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33155</b>		CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>LUCIA, MARK</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUCIA, MARK</b>		NAME	
STREET ADDRESS <b>6027 SW 30 STREET</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33155</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>LUCIA-O'FARRILL, JULIO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUCIA-O'FARRILL, JULIO</b>		NAME	
STREET ADDRESS <b>6027 SW 30TH ST</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Martha Lucia - MARTHA LUCIA Date: 2/5/2000 (305) 661-1257

CR2E034 (9/99)