

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90100 050 ***150.00

DOCUMENT # K98964
 1. Entity Name
MARTA VELASCO PRODUCTIONS, INC.

Principal Place of Business 6027 SW 30TH ST MIAMI FL 33155 US	Mailing Address 6027 SW 30TH ST MIAMI FL 33155 US
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2. Principal Place of Business 6027 S.W. 30th Street Suite, Apt. #, etc.	3. Mailing Address 6027 S.W. 30th Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	4. FEI Number 65-0128759	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33155	Country U.S.A.	Zip 33155	Country U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LUCIA-O'FARRILL, JULIO
6027 SW 30TH STREET
MIAMI FL 33155

7. Name and Address of New Registered Agent
 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 _____ (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, 2001 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 PST	<input type="checkbox"/> Delete
NAME LUCIA, MARTA	
STREET ADDRESS 6027 SW 30 STREET	
CITY-ST-ZIP MIAMI FL 33155	
TITLE D	<input type="checkbox"/> Delete
NAME LUCIA, MARK	
STREET ADDRESS 6027 SW 30 STREET	
CITY-ST-ZIP MIAMI FL 33155	
TITLE VP	<input type="checkbox"/> Delete
NAME LUCIA-O'FARRILL, JULIO	
STREET ADDRESS 6027 SW 30TH ST	
CITY-ST-ZIP MIAMI FL	
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	<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: *Marta Velasco*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-10-01** Daytime Phone # **(305) 661-1251**
(305) 325-1943

CR2E034 (10/00)