

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90060 036 \*\*\*\*50.00

961255



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L01000015041**

1. Entity Name

**PLANETA PRODUCTIONS, LLC**

Principal Place of Business

**2121 PONCE DE LEON BLVD., SUITE 1220  
 CORAL GABLES FL 33134**

Mailing Address

**2121 PONCE DE LEON BLVD., SUITE 1220  
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1139271**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANCREDI, RODOLFO  
 2121 PONCE DE LEON BLVD., SUITE 1220  
 CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
 NAME **URBINA-QUINTERO, RAFAEL**  
 STREET ADDRESS **2121 PONCE DE LEON BLVD., SUITE 1220**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **OPERATING MANAGER** ☒ Change ☐ Addition  
 NAME **REINALDO ACOSTA**  
 STREET ADDRESS **2121 PONCE DE LEON BLVD. 1220**  
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MEMBER** ☐ Change ☒ Addition  
 NAME **MARIA PIA ROCCATAGLIATA**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MEMBER** ☐ Change ☒ Addition  
 NAME **MARIANA KESSEPARA**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **MEMBER** ☐ Change ☒ Addition  
 NAME **GABRIEL ROCCATAGLIATA**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**(REINALDO ACOSTA)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04/24/02**

Date

**(305) 476 2974**

Daytime Phone #