

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90095 044 ***150.00

DOCUMENT # L56408

1. Entity Name

Delgado Brothers Productions, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7950 NW 155 Street

3. Mailing Address
7950 NW 155 Street

Suite, Apt. #, etc.
104

Suite, Apt. #, etc.
104

City & State
Miami Lakes, FL

City & State
Miami Lakes, FL

Zip
33016

Country
USA

Zip
33016

Country
USA

4. FEI Number 65-0194289

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Jose M. Delgado

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

7950 NW 155 Street, Suite 104

City Miami Lakes

FL Zip Code
33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delgado, Jose M. President
7950 NW 155 Street, #104
Miami Lakes, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/28/03 (305) 828-4070

Date

Daytime Phone #

CR2E034B (12/02)