

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90076 017 ****70.00

DOCUMENT # N25988

1. Entity Name

ALPHABET THEATRE PRODUCTIONS, INC.

Principal Place of Business

**11340 SW 176TH ST
 MIAMI FL 33157**

Mailing Address

**11340 SW 176TH ST
 MIAMI FL 33157
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0031321

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ZUNIGA, MARLON
 11340 SW 176TH ST.
 MIAMI FL 33157**

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 *Marlon E. Zuniga*
 Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

3/1/02
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.



**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **PIAZZA, JEANNIE**
 STREET ADDRESS **11340 SW 176TH ST**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VD** ☐ Delete
 NAME **ZUNIGA, MARLON**
 STREET ADDRESS **11340 SW 176TH ST**
 CITY-ST-ZIP **MIAMI BCH. FL 33157**

TITLE **SD** ☒ Delete
 NAME **GARCIA, GREETEN**
 STREET ADDRESS **6065 SW 2ND ST**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **D** ☐ Delete
 NAME **ELKINS, JUDY**
 STREET ADDRESS **4624 SW 64 COURT**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeannie Piazza*
 Pres.

3/1/02 (305)232-2628

CR2E037 (9/01)