

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90116 002 \*\*\*150.00

**DOCUMENT #** P00000001301 ✓

**1. Entity Name**

CELESTIAL PRODUCTIONS INC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

7040 W PALMETTO PARK RD

Suite, Apt. #, etc.

#4-255

City & State

BOCA RATON FL

Zip

33433

Country

USA

**3. Mailing Address**

7040 W. PALMETTO PARK RD #4-255

Suite, Apt. #, etc.

#4-255

City & State

BOCA RATON FL

Zip

33433

Country

USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-0979337

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

Name

DENISE MARIE CERA

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

7040 W PALMETTO PARK RD

#4-255

City

BOCA RATON

FL

Zip Code

33433

**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**

*Denise Marie Cera*

DENISE MARIE CERA

4/18/2002

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

(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) ☒

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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** PRES/DIRECTOR  
**NAME** DEAN MICHAEL CERA  
**STREET ADDRESS** P O BOX 450444  
**CITY - ST - ZIP** FT LAUDERDALE, FL 33345

**TITLE** VP/DIRECTOR  
**NAME** DENISE MARIE CERA  
**STREET ADDRESS** 6668 CANARY PALM CIRCLE  
**CITY - ST - ZIP** BOCA RATON, FL 33433

**TITLE**  
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**STREET ADDRESS**  
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**DO NOT WRITE  
IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Denise Marie Cera*

DENISE MARIE CERA, VP

561-392-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)