

2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000004368

1. Entity Name

ISHI PRODUCTIONS, INC.

FILED

03 OCT 13 AM 10:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9737 NW 41 ST #311

Suite, Apt. #, etc.

3. Mailing Address

9737 NW 41 ST #311

Suite, Apt. #, etc.

City & State

MIAMI FL 33178

City & State

MIAMI FL

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0975553

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee RequiredREINSTATEMENT 03
DO NOT WRITE IN THIS SPACEDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Quintero, Mario A

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

9737 NW 41 ST #311

City
MIAMI

FL

Zip Code
33178

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

Sharon Quintero

10/06/03

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 \$81.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Sharon Quintero 9737 NW 41 ST #311 MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	100023757301 10/13/03--01080--011 **300.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPS Mario A. Quintero 9737 NW 41 ST #311 MIAMI FL 33178	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

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:

Sharon Quintero

10/06/03

305-525-7497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #