2001 UNIFORM BUSINESS REPORT (UBR)

May 14

| DOCUMENT # P0000005571 | | | | Secretary of State | | |
|---|--|--|--|--|--|--|
| Tol | e, do Productions, | nc. | | 05-14-2001 90251 034 ***158.75 | | |
| ٠ | 1950 Carter Bank Carter (1950) | *, | , | • • • | | |
| Principal Place of Business Malling Address 9740 SW 155 Ave 9740 SW 155 Ave | | | | political de la companya della companya de la companya de la companya della compa | | |
| Miam | 1, FL 331,96 | MIQMI PL 3 | Camp when the | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | A0065867 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & Sta | te | City & State | | 4. FEI Number Applied For 65-0973383 Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| | 6Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent | | |
| Rene Toledo | | | Name | | | |
| 9740 SW 155 AVC | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | |
| Mian | mi, FL 33196 | | | i i | | |
| | | | City | FL Zip Code | | |
| 8. The above | e named entity submits this statement for statement submits this statement for statement agents and registered agents. | | registered office or re | egistered agent, or both, in the State of Florida ; required when reintesting) DATE | | |
| Tax filing r | oration is eligible to satisfy its Intangible equirement and elects to do so. | Alle New Arier May 1, 20 Links Gillick Payal | 01 Fee will be \$550 | To st Fund Contribution Added to Sees | | |
| 11. | OFFICERS AND I | | 12. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME | President Renc Toledo | Delete | TITLE | ☐ Chrange ☐ Addition Ş | | |
| | 9740 SW 155 AVL Miami FL 33196 | | STREET ADDRESS CITY-ST-ZEP | Change Addition Change Addition Addition | | |
| TITLE NAME | 1 | ☐ Delete | TITLE HAVE | Change Addition | | |
| STREET ADDRESS City-St-Zip | | | STREET ADDRESS CRTY-ST-ZEP | | | |
| TITLE | | Delete | TITLE NAME | ☐ Change ☐ Addition | | |
| STREET ADDRESS City-St-Zip | · | | STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS | · | ☐ Delete | TITLE NAME STREET ADDRESS | Change Addition | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Deloto | NAME STREET ADORESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| TITLE NAME STREET ADDRESS | | Dolete | TITLE NAME STREET ADDRESS | Change Addition | | |
| CITY-ST-ZIP | pertify that the information supplied with | this filing does not qualify for | CITY-ST-ZIP the exemption stated | I in Section 119.07(3)(i), Florida Statutes. I further certify that the information | | |
| of the con | on this report or supplemental report is poration of the receiver or trustee empor | true and accurate and that n wered to execute this report | ny signature shall have as required by Chapte | I in Section 119.07(3)(i), Florida Statutes, I further certify that the information e the same legal effect as if made under oath; that I am an officer or director er 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if | | |

Pene L. Toledo 305)3876061 April 27