

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 14, 2001 8:00 am
Secretary of State

DOCUMENT # P00000008606

1. Entity Name

TMG INTER-FILMS CORP.

09-14-2001 90036 001 ***550.00

09-14-2001 90036 002 *****8.75

Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134

201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134

78241

2. Principal Place of Business

3. Mailing Address

9721 EAST BAY HARBOR DR

9721 EAST BAY HARBOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5th C, BAY HARBOR ISLANDS

5th C, BAY HARBOR ISLANDS

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33154

USA

33154

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

65-0983139

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPPORT, STEPHEN R
 201 ALHAMBRA CIRCLE
 SUITE 711
 CORAL GABLES FL 33134

Name

GLORIA CAROLINA BUSTILLOS

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

9721 EAST BAY HARBOR 5th C

BAY HARBOR ISLANDS

City

FLORIDA

FL

Zip Code

33154

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

Gloria Bustillos

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME PD
 STREET ADDRESS BUSTILLOS, GLORIA C
 CITY-ST-ZIP 201 ALHAMBRA CIRCLE SUITE 711
 CORAL GABLES FL 33134

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all the rights empowered.

SIGNATURE:

Gloria Bustillos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/09/01 305-8677456