

# 2002 UNIFORM BUSINESS REPORT (UBR)

0290340 AV

**DOCUMENT # P00000009552**

1. Entity Name  
**JOHN STUD PRODUCTION, INC.**

FILED

02 JAN 23 PM 4: 04

Principal Place of Business  
**2370 NORTHEAST 136TH LANE  
 NORTH MIAMI BEACH FL 33181**

Mailing Address  
**2370 NORTHEAST 136TH LANE  
 NORTH MIAMI BEACH FL 33181**

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent  
 Name  
**SPIEGEL & UTRERA, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1840 Southwest 22 Street**  
**4th Floor**  
 City  
**Miami** FL Zip Code  
**33145**

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 of Natalia Utrera, Vice President  
 SIGNATURE BY: *Natalia Utrera*  
 Natalia Utrera, Vice President (NOTE: Registered Agent signature required when reinstating) DATE: *1/22/02*

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSTD	PICCILO, JOHN R	2370 NORTHEAST 136TH LANE	NORTH MIAMI BEACH FL 33181	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 my address, with all other like empowered.

SIGNATURE: *John R Picciolo* John R Picciolo 1/21/02 (305) 940-1952  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/01)