2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am **DOCUMENT #** P00000011647 **Secretary of State** 1. Entity Name 03-13-2002 90138 036 ***150.00 ALCHEMY PRODUCTIONS, INC. Principal Place of Business Mailing Address 60 S.W. 91ST AVENUE. #209 60 S.W. 91ST AVENUE. #209 PLANTATION FL 33324 PLANTATION FL 33324 3 Mailing Address 3229 Hunting 2. Principal Place of Business 3229 Huntwaton DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0979676 Not Applicable $\alpha \overline{\nu}$ \$8.75. Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FUSARO, FLAVIA Street Address (P.O. Box Number is Not Acceptable) 60 S.W. 91ST AVENUE, #209 **PLANTATION FL 33324** Zip Code 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. FLAVIA FUSARO (NOTE: Registered Agent signature required when reinsta FILE NOW!!! FEE IS \$150.00 9, This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) PRESIDENT ☐ Addition ☑ Delete TITLE TITLE NAME FUSARO, FLAVIA FUSARO, FLAVIA NAME STREET ADDRESS 3229 Huntington STREET ADDRESS 60 S.W. 91ST AVENUE, #209 CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 weston ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 other like empowered.

FILED