

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000025272**

1. Entity Name

AGUASANTA ERMINY PRODUCTION STUDIO, INC.**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 90063 017 ***158.75

Principal Place of Business

**605 OAKS DRIVE, SUITE 409
POMPANO BEACH FL 33069**

Mailing Address

**605 OAKS DRIVE, SUITE 409
POMPANO BEACH FL 33069**

2. Principal Place of Business

11232 NW 73 ST

Suite, Apt. #, etc.

3. Mailing Address

11232 NW 73 ST

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Miami FLCity & State
Miami FL4. FEI Number
65-1019682Applied For
Not ApplicableZip
33178
Country
USAZip
33178
Country
USA5. 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

**MORALES, CARLOS E
2800 BISCAYNE BLVD., SUITE 500
MIAMI FL 33137**Name
Street Address (P.O. Box Number is Not Acceptable)City **FL** 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.

SIGNATURE

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) ☐**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTD
ERMINY, AGUASANTA
605 OAKS DRIVE, SUITE 409
POMPANO BEACH FL 33069** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVTD
Erminy, Aguasanta
11232 NW 73 ST
Miami FL 33178** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01 (305) 282-6640

Date

Daytime Phone #

CR2E034 (10/00)