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FILED
May 17, 2001 8:00 am
Secretary of State

03-14-2001 90210 005 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000036858

1. Entity Name
RIVER VOICE PRODUCTIONS, INC.

Principal Place of Business
5385 NW 112 COURT
MIAMI FL 33178

Mailing Address
5385 NW 112 COURT
MIAMI FL 33178

...43712

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5385 NW 112 CT	5385 NW 112 CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip 33178 Country U.S.A	Zip 33178 Country U.S.A

4. FEI Number 651001298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DESCAMPS, HECTOR
5385 NW 112 COURT
MIAMI FL 33178

7. Name and Address of New Registered Agent
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	Director ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Omaira C. Rivero	NAME	
STREET ADDRESS	5385 NW 112 CT	STREET ADDRESS	
CITY-ST-ZIP	Miami. Florida 33178.	CITY-ST-ZIP	
TITLE	Treasurer ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Hector Descamps	NAME	
STREET ADDRESS	5385 NW 112 CT	STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33178.	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Hector Descamps 03/10/2001 (305)717-5064.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #