04/30/2002 13:07 3052739137 ORLANDO DE ARI

2002.

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91216 039 ***158.75

DOCUMENT # P00000059019.

1. Entity Name
PEISALEK PRODUCTIONS, INC

666263

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
950 STILL WATER DRIVE	950 STILL WATER DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH	City & State: MIAMI BEACH
Zip: FL 33141 Country: USA	Zip: FL 33141 Country: USA

4. FEI Number: 65-1016655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PLES ALEJANDRO

Street Address (P.O. Box Number is Not Acceptable): 950 STILL WATER DRIVE

City: MIAMI BEACH FL Zip Code: 33141

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] 04-30-02
Signature, type or print name of officer or 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P
NAME	PLES, ALEJANDRO.
STREET ADDRESS	950 STILL WATER DRIVE
CITY-ST-ZIP	MIANI, BEACH, FL 33141
TITLE	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowerment.

SIGNATURE: [signature] 04/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #