

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
 03-19-2001 90496 025 ***158.75

021852

DOCUMENT # P00000060885

1. Entity Name
TRIBECCA ENTERTAINMENT & PRODUCTION, INC.

Principal Place of Business **Mailing Address**
8921 S.W. 10TH TERRACE **8921 S.W. 10TH TERRACE**
MIAMI FL 33174 **MIAMI FL 33174**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

5. 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

CHAMMAS, LYDIA
8921 S.W. 10TH TERRACE
MIAMI FL 33174

Name **Rebecca Fajardo**
 Street Address (P.O. Box Number is Not Acceptable)
8921 SW 10th Terrace
 City **Miami** FL Zip Code **33174**

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 *Rebecca Fajardo* *Rebecca Fajardo* **3.13.01**
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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **CHAMMAS, LYDIA**
 STREET ADDRESS **8921 S.W. 10TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Rebecca Fajardo**
 STREET ADDRESS **8921 SW 10th Terrace**
 CITY-ST-ZIP **Miami, FL 33174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE: *Rebecca Fajardo* **3.13.01** **305.220.4744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)