

600 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071954

1. Entity Name

TORONTO PRODUCTIONS, INC

Principal Place of Business

Mailing Address

1837 SW 177 Ave
MIRAMAR FL 33029

2. Principal Place of Business

3. Mailing Address

934 MICHIGAN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

City & State
MIAMI BEACH, FL.

City & State
FLORIDA

4. FEI Number

65-1031426

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

MIAMI-DADE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANCY ORTIZ
7751 SW 26 ST
MIAMI FL 33155

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

4-18-01

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, 2000 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
Delete ☐

12.
OMAR SANTANA
1837 SW 177 AVE
MIRAMAR FL 33029

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

934 MICHIGAN AVE # 107
MIAMI BEACH FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

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

200004134062-3
-05/03/01 --01104--022
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Delete ☐

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
Delete ☐

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

SP

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

Date

Daytime Phone #

4/18/01

CR2E034 (9/99)