

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90238 037 \*\*\*158.75

DOCUMENT # P00000077364

1. Entity Name

REPUBLICA FILMS, Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4040 NE 2<sup>ND</sup> AVENUE

3. Mailing Address

4040 NE 2<sup>ND</sup> AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 401

SUITE # 401

City & State  
MIAMI

City & State  
MIAMI

Zip  
33137

Country  
USA

Zip  
33137

Country  
USA

4. FEI Number

65-1038282

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

TONAR, JOSE G.

Street Address (P.O. Box Number is Not Acceptable)

9900 Stirling Rd. Suite 218

City COOPER CITY

FL

Zip Code  
33024

**DO NOT WRITE  
IN THIS SPACE**

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)



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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
GONZALEZ, JUAN B.  
4040 NE 2<sup>ND</sup> AVENUE, Suite #401  
MIAMI, FL. 33137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPDS  
MORANTES, FELIX  
5401 COLLINS AVE Apt. 620  
MIAMI BEACH, FL. 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-11-02

305-576-6012