

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90213 019 \*\*\*158.75

**DOCUMENT # P00000077711**

1. Entity Name  
**MANTA PRODUCTIONS.COM, INC.**

Principal Place of Business  
**8327 NORTHWEST 74 STREET**  
**MIAMI FL 33166**

Mailing Address  
**8327 NORTHWEST 74 STREET**  
**MIAMI FL 33166**

2. Principal Place of Business  
**1500 Bay RD. Apt. 634**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1500 Bay RD. Apt. 634**  
 Suite, Apt. #, etc.

City & State  
**MIAMI Beach FL.**  
 Zip  
**33139**  
 Country  
**USA**

City & State  
**MIAMI Beach FL**  
 Zip  
**33139**  
 Country  
**USA**

4. FEI Number  
**65-1032458**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

**7. Name and Address of New Registered Agent**

Name  
**RAFAEL A. PEASE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1500 Bay RD. Apt. 634**  
 City  
**MIAMI Beach FL** Zip Code  
**33139**

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 **Rafael A. Pease** **RAFAEL A. PEASE President** **04/04/02**  
 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, 2002 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**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD**  
**PEASE, RAFAEL A** ☐ Delete  
**8327 NORTHWEST 74 STREET**  
**MIAMI FL 33166**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**PEASE, JORGE L** ☐ Delete  
**8327 NORTHWEST 74 STREET**  
**MIAMI FL 33166**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**1500 Bay RD. #634**  
**MIAMI Beach FL 33139**  
 Address only

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☒ Change ☐ Addition  
**1500 Bay RD. #634**  
**MIAMI Beach FL 33139**  
 Address only

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

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

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

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

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: **Rafael A. Pease** **RAFAEL A. PEASE** **04/04/02** **786.276.8395**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)