

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90865 025 ***150.00

DOCUMENT # P00000078336

1. Entity Name
J.Q. PRODUCTIONS, INC.

Principal Place of Business
**8540 S.W. 133RD AVENUE RD
SUITE 412
MIAMI FL 33183**

Mailing Address
**8540 S.W. 133RD AVENUE RD
SUITE 412
MIAMI FL 33183**



2. Principal Place of Business
15314 SW 39th Ter
Suite, Apt. #, etc.

3. Mailing Address
15314 SW 39th Ter
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33185 Country
USA

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Miami FL
Zip
33185 Country
USA

4. FEI Number **65-1033820** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JIMENEZ, LUIS
8540 S.W. 133RD AVENUE RD
SUITE 412
MIAMI FL 33183

7. Name and Address of New Registered Agent

Name **ALFONSO QUINTERO**
Street Address (P.O. Box Number is Not Acceptable)
15314 SW 39th Ter
City **Miami** FL Zip Code **33185**

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 **X**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03-26-02

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	VD JIMENEZ, LUIS 8540 S.W. 133RD AVENUE RD MIAMI FL 33183	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINTERO, ALFONSO 8540 S.W. 133RD AVENUE RD MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 PAULA SANTI 15314 SW 39th Ter MIAMI FL 33185	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-02

Date

Daytime Phone #

CR2E034 (9/01)