## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P00000080918 1. Entity Name WARMI PRODUCTIONS, CORP. 04-17-2001 90172 025 \*\*\*150.00 Principal Place of Business Mailing Address 16101 NE 6 AVE 16101 NE 6 AVE MIAMI FL 33162 MIAMI FL 33162 Mailing Address ST. PLAZA Suite, Apt. #. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered 7. Name and Address of New Registered Agent Name EMANUEL, GWENDOLYNE G Address (P.O. Box Ny 16101 NE 6 AVE **MIAMI FL 33162** 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 ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE Addition NAME JORGE CERPA NAME 7250 SW 83 m St. Ploza Apr D-204 STREET ADDRESS STREET ADDRESS Miami fl 33143 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 3

TITLE

NAME

STREET ADDRESS

☐ Delete

☐ Change

Addition