

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91354 002 \*\*\*150.00

**DOCUMENT # P00000084855**

1. Entity Name

**HAVANA PRODUCTIONS, INC.**

Principal Place of Business

Mailing Address

**7601 E TREASURE DRIVE SUITE 1707  
N BAY VILLAGE FL 33141****7601 E TREASURE DRIVE SUITE 1707  
N BAY VILLAGE FL 33141**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**7601 East Treasure Dr.****7601 East Treasure Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 1707****Suite 1707**

City &amp; State

City &amp; State

**N. Bay Village, FL****N. Bay Village**

Zip

Country

Zip

Country

**33141****USA****33141****USA**

4. FEI Number

**65-1040293**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONZALEZ, IRVING J  
444 BRICKELL AVENUE SUITE 804  
MIAMI FL 33131**

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

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, 2001 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PINILLOS, ALBERTO</b>	
STREET ADDRESS	<b>7601 EAST TREASURE DR., SUITE 1707</b>	
CITY-ST-ZIP	<b>NORTH BAY VILLAGE FL 33141</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>PINILLOS, KIMBERLEA S</b>	
STREET ADDRESS	<b>7601 EAST TREASURE DR., SUITE 1707</b>	
CITY-ST-ZIP	<b>NORTH BAY VILLAGE FL 33141</b>	
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/01 3058671482**

Date

Daytime Phone #

CR2E034 (10/00)