

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90073 001 ***158.75

DOCUMENT # P00000084855

1. Entity Name

Havana Productions, Inc.

420399

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7601 E. Treasure Dr.

Suite #1707

N. Bay Village, FL

Zip 33141

Country USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

651040293

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Irving J. Gonzalez

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

Suite 804

City Miami

FL

Zip Code 33131

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: President
NAME: Alberto Pinillos
STREET ADDRESS: 7601 E. Treasure Dr. #1707
CITY-ST-ZIP: N. Bay Village, FL 33141

TITLE: Vice President
NAME: Kimberlea Pinillos
STREET ADDRESS: 7601 E. Treasure Dr. #1707
CITY-ST-ZIP: N. Bay Village, FL 33141

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IN THIS SPACE**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/02 305-867-1482

Date

Daytime Phone #

CR2E034B (12/01)