FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90093 041 ***150.00

653960

DOCUMENT # P00000086766

1. Entity Name
CONCAS-MONDRAGON PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	DO NOT WRITE IN THIS SPACE
9665 2nd Street N	9665 2nd Street N	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: ST PETERSBURG FL	City & State: ST PETERSBURG FL	4. FEI Number: 59-3670594 ☐ Applied For ☐ Not Applicable
Zip: 33702 Country	Zip: 33702 Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ALESSANDRO CONCAS

Street Address (P.O. Box Number is Not Acceptable):
9665 2nd STREET NORTH

City: ST PETERSBURG FL Zip Code: 33702

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	P.
NAME	ALESSANDRO CONCAS
STREET ADDRESS	9665 2nd STREET NORTH
CITY-ST-ZIP	ST PETERSBURG FL 33702
TITLE	VP
NAME	GERARDO MONDRAGON
STREET ADDRESS	13815 AZALEA CIRCLE #23-B
CITY-ST-ZIP	TAMPA FL 33613
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 like empowered.

SIGNATURE: _____ 4-23-02 727-576-5064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #