

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90385 046 \*\*\*150.00

**DOCUMENT # P00000087028**

1. Entity Name  
**NANA TV PRODUCTIONS, INC.**

Principal Place of Business  
**13111 NW 11 STREET**  
**PEMBROKE PINES FL 33028**

Mailing Address  
**13111 NW 11 STREET**  
**PEMBROKE PINES FL 33028**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1040557**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**ACOSTA, MAURICIO**  
**17455 NW 87 COURT G**  
**MIAMI FL 33015**

## 7. Name and Address of New Registered Agent

Name  
**MARIA ALEJANDRA CHAPARRO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16025 NW 64 AVE. APT. 210**  
 City **MIAMI LAKES** **FL** Zip Code **33014**

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, 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 **PVST** ☒ Delete  
 NAME **ACOSTA, MAURICIO**  
 STREET ADDRESS **13111 NW 11 STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☒ Delete  
 NAME **ACOSTA, MAURICIO**  
 STREET ADDRESS **13111 NW 11 STREET**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition  
 NAME **CHAPARRO, MARIA A.**  
 STREET ADDRESS **16025 NW 64 AVE. APT. 210**  
 CITY-ST-ZIP **MIAMI LAKES, FL. 33014**

TITLE **D** ☒ Change ☐ Addition  
 NAME **CHAPARRO, MARIA A.**  
 STREET ADDRESS **16025 NW 64 AVE. APT. 210**  
 CITY-ST-ZIP **MIAMI LAKES FL. 33014**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-30-09**

Date

**(305) 761 3560**

Daytime Phone #

CR2F034 (9/01)