

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

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91349 031 \*\*\*163.75

DOCUMENT # **P000000089687**  
1. Entity Name  
**Miami Studio Facilities**

**669419**

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7435 W 19ct**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Hialeah FL**  
Zip  
**33014** Country

City & State  
Zip Country

4. FEI Number  
**65-1044223**  
Applied For  
Not Applicable

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 **ROBERTO URQUIZA**  
Street Address (P.O. Box Number is Not Acceptable)  
**14902 SW 36 TERANCE**  
City **Miami** FL **33185**

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 **ROBERTO URQUIZA** **PRESIDENT**  
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.

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>REMBERTO AVELA</b> <b>1717 N BAY SHORE DR.</b> <b>MIAMI, FL 33132</b> <b>VICE PRESIDENT</b>	<b>VP</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ANTONIO PEREZ</b> <b>2025 NW 8 TERANCE</b> <b>MIAMI, FL 33125</b>	<b>T-S</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ROBERTO URQUIZA</b> <b>14902 SW 36 TERANCE</b> <b>MIAMI, FL 33185</b> <b>PRESIDENT</b>	<b>P</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE 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 like empowered.

SIGNATURE: **ROBERTO URQUIZA** **5/13/02** **305 8280081**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)