

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90121 038 ***150.00

DOCUMENT # P00000103277

1. Entity Name
ABADIA PRODUCTIONS, INC.

Principal Place of Business

16909 NORTH BAY ROAD. APT. #707
SUNNY ISLES FL 33160

Mailing Address

16909 NORTH BAY ROAD. APT. #707
SUNNY ISLES FL 33160

2. Principal Place of Business

16909 North Bay Rd APT 1010

3. Mailing Address

16909 North Bay Rd # 1010

Suite, Apt. #, etc.

Apto 1010

Suite, Apt. #, etc.

Apto 1010 (305) 949 5362

City & State

Miami Florida

City & State

Miami - Florida

Zip

33160

Country

USA

Zip

33160

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTANA, FRANCIS X ESQ.
28 W. FLAGLER STREET
SUITE 400
MIAMI FL 33130

7. Name and Address of New Registered Agent

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, 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 **D** ☐ Delete
NAME **ABADIA, FERNANDO**
STREET ADDRESS **16909 NORTH BAY ROAD, APT. #707**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **D** ☐ Delete
NAME **BAMBAREN, RICARDO**
STREET ADDRESS **16909 NORTH BAY ROAD, APT. #707**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

TITLE **D** ☐ Delete
NAME **JIMENEZ, ALFREDO**
STREET ADDRESS **16909 NORTH BAY ROAD, APT. #707**
CITY-ST-ZIP **SUNNY ISLES FL 33160**

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

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

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-02 (786) 897 0648

CR2E034 (9/01)