

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90233 030 ***150.00

DOCUMENT # P01000010564

1. Entity Name
S.M. PRODUCTIONS, INC.



Principal Place of Business
2290 WEST 74TH ST
STE 101
HIALEAH FL 33016

Mailing Address
2290 WEST 74TH ST
STE 101
HIALEAH FL 33016



2. Principal Place of Business
2270 W 74 ST #201
Suite, Apt. #, etc.

3. Mailing Address
2270 W 74 ST
Suite, Apt. #, etc.
201

☐ CHECK HERE IF MAKING CHANGES

City & State
Hialeah, FL.

City & State
Hialeah, FL.

4. FEI Number 65-1081765

Applied For
Not Applicable

Zip 33016 Country USA

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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, SANTIAGO
2290 WEST 74TH ST
STE 101
HIALEAH FL 33016

7. Name and Address of New Registered Agent

Name Santiago Martinez
Street Address (P.O. Box Number is Not Acceptable)
2270 W 74 ST #201
City Hialeah FL Zip Code 33016

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

President

(NOTE: Registered Agent signature required when reinstating)

2/4/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARTINEZ, SANTIAGO	
STREET ADDRESS	2290 W 74 ST #101	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2270 W 74 ST #201	
CITY-ST-ZIP	Hialeah, FL. 33016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/03 (786) 586-5200
Date Daytime Phone #