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**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90372 008 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000026148**  
1. Entity Name  
**DOMINICAN THEATER PRODUCTIONS, INC.**

Principal Place of Business  
**11061 SW 145TH COURT  
MIAMI FL 33186**

Mailing Address  
**11061 SW 145TH COURT  
MIAMI FL 33186**

2. Principal Place of Business  
**4920 NW 171ST ST.**

3. Mailing Address  
**4920 NW 171ST ST.**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI, FL.**

Zip  
**33055**

Country

Zip  
**33055**

Country

4. FEI Number  
**65-1090037**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**OTEL, MANUEL O  
11061 SW 145TH COURT  
MIAMI FL 33186**

7. Name and Address of New Registered Agent  
Name  
**ARIDIO A GENAO**

Street Address (P.O. Box Number is Not Acceptable)  
**4920 NW 171ST STREET**

City  
**MIAMI FL**

Zip Code  
**33055**

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]*  
Signature, typed or printed name of registered agent and file 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GENAO, ARIDIO A 4920 NE 171ST STREET MIAMI FL 33055</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SANCHEZ, LUISA 651 NW 82ND AVENUE #116 MIAMI FL 33126</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OTEL, MANUEL O 11061 SW 145TH COURT MIAMI FL 33186</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **SIGNATURE REQUIRED** **ARIDIO A GENAO** **2/11/02** **305-72-767**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CRE034 (9/01)