

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90061 048 ***150.00

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DOCUMENT # P01000050802

1. Entity Name
IDENTICAL PRODUCTION INC.

Principal Place of Business

**2903 ROLLMAN ROAD
 ORLANDO FL 32837**

Mailing Address

**2903 ROLLMAN ROAD
 ORLANDO FL 32837**

2. Principal Place of Business

6758 Coral Reef St
 Suite, Apt., #, etc.

3. Mailing Address

6758 Coral Reef St
 Suite, Apt., #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

59-3723640

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

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

6. Name and Address of Current Registered Agent

**MIRANDA, RICHARD
 2903 ROLLMAN ROAD
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **Raymond Miranda**

Street Address (P.O. Box Number is Not Acceptable)

6758 Coral Reef St

City

Lake Worth

FL

Zip Code

33467

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 **Raymond Miranda**

Signature, typed or printed name of registered agent and title if applicable.

Ray Miranda

(NOTE: Registered Agent signature required when reinstating)

4/30/02

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 **MIRANDA, RICHARD**
STREET ADDRESS **2903 ROLLMAN ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ **Delete**
NAME **MIRANDA, RAYMOND**
STREET ADDRESS **2903 ROLLMAN ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ **Delete**
NAME **MIRANDA, KATYA**
STREET ADDRESS **2903 ROLLMAN ROAD**
CITY-ST-ZIP **ORLANDO FL 32837**

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 **Raymond Miranda** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

DATE

(954) 444-2321

Daytime Phone #

CR2E034 (9/01)