

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90058 042 ***158.75

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DOCUMENT # P01000054086

1. Entity Name

QUE BIEN ENTERTAINMENT INC.

Principal Place of Business

**2121 PONCE DE LEON BLVD SUITE 240
 CORAL GABLES FL 33134**

Mailing Address

**2121 PONCE DE LEON BLVD SUITE 240
 CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

12513 SW 30TH ST

12513 SW 30TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State **MIAMI Florida**

City & State **MIAMI Florida**

Zip **33178**

Country **Dade**

Zip **33178**

Country **Dade**

4. FEI Number

65-1110288

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRATS, GABRIEL
 2121 PONCE DE LEON BLVD SUITE 240
 CORAL GABLES FL 33134**

Name **DINGES AMY ROSE**

Street Address (P.O. Box Number is Not Acceptable) **12513 SW 30TH Street**

City **MIAMI**

FL

Zip Code **33178**

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 *Amy Rose Dinges*

(NOTE: Registered Agent signature required when reinstating)

4/20/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD**
 NAME **REYES, CESAR A** ☒ Delete
 STREET ADDRESS **2121 PONCE DE LEON BLVD SUITE 240**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PTD** ☒ Change ☐ Addition
 NAME **Reyes, Cesar A**
 STREET ADDRESS **12513 SW 30TH Street**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **SD** ☒ Delete
 NAME **DINGES, AMY ROSE**
 STREET ADDRESS **2121 PONCE DE LEON BLVD SUITE 240**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☒ Change ☐ Addition
 NAME **DINGES Amy Rose**
 STREET ADDRESS **12513 SW 30TH Street**
 CITY-ST-ZIP **MIAMI, FL 33178**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 CITY-ST-ZIP

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 supplementary 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 *Cesar A Reyes* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)