

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90239 038 ***150.00

DOCUMENT # P01000070965

1. Entity Name
CLABE PRODUCTIONS, INC.



Principal Place of Business
**3661 SW 9TH TERRACE
UNIT 303
MIAMI FL 33135**

Mailing Address
**3661 SW 9TH TERRACE
UNIT 303
MIAMI FL 33135**



2. Principal Place of Business

3. Mailing Address

6439 SW 132 COURT CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

MIAMI, FL

4. FEI Number **65-1126023**

Applied For

Not Applicable

Zip

Country

Zip

Country

33183-5140

USA

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

**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET
4TH FLOOR
MIAMI FL 33145**

Name

BEATRIZ S. WONG

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

6439 SW 132 COURT CIRCLE

City

MIAMI

FL

Zip Code

33183-5140

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

Beatriz S. Wong

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

(NOTE: Registered Agent signature required when reinstating)

03/18/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONSERRAT, CLAUDIA 9431 W CALUSA DRIVE MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MENDEZ, WENDY M 12151 SOUTHWEST 131ST AVENUE MIAMI FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WONG, BEATRIZ J 3661 SW 9 TERRACE, 303 MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY & TREASURER WONG, BEATRIZ S. 6439 SW 132 COURT CIRCLE MIAMI, FL 33183-5140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Beatriz S. Wong
BEATRIZ S. WONG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

03/18/03 (305) 382-8670

Daytime Phone #

CR2E034 (10/02)