

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90080 042 ***163.75

DOCUMENT # P01000077151

1. Entity Name
MES PRODUCTIONS, INC.

Principal Place of Business
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

Mailing Address
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
599 GLEN RIDGE RD.
 Suite, Apt. #, etc.

3. Mailing Address
599 GLEN RIDGE RD.
 Suite, Apt. #, etc.

City & State
KEY BISCAIYNE FL.
 Zip
33149

4. FEI Number
APPLIED FOR

☒ 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

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE., SUITE 3000
MIAMI FL 33131

Name **RENZO MAIETTO**
 Street Address (P.O. Box Number is Not Acceptable)
599 GLEN RIDGE ROAD
 City **KEY BISCAIYNE FL** Zip Code **33149**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/02

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 **DPST**
 NAME **SALAZAR, MARIA ELVIRA** ☒ Delete
 STREET ADDRESS **701 BRICKELL AVE., #3000**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE **DPST**
 NAME **RENZO MAIETTO** ☒ Change ☐ Addition
 STREET ADDRESS **599 GLEN RIDGE RD.**
 CITY-ST-ZIP **KEY BISCAIYNE FL. 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02 786-2475800

CR2E034 (9/01)