

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90124 002 ***150.00

DOCUMENT # P01000077326

1. Entity Name
H.A.F. PRODUCTIONS, INC.

Principal Place of Business
3830 SOUTHWEST 137TH AVENUE
MIAMI FL 33175

Mailing Address
3830 SOUTHWEST 137TH AVENUE
MIAMI FL 33175

2. Principal Place of Business
3008 N.E. 210 ST
 Suite, Apt. #, etc.

3. Mailing Address
7105 S.W. 8 ST
 Suite, Apt. #, etc.

City & State
AVENTURA
 Zip **FL 33180**

City & State
Miami FL
 Zip **33144**

4. FEI Number
65-1126220

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HERRERA, JOSE R
3830 SOUTHWEST 137TH AVENUE
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
3008 N.E. 210 ST
 City **AVENTURA** **FL** Zip Code **33180**

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, typed or printed name of registered agent and title 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 **PD** ☐ Delete
 NAME **HERRERA, JOSE R**
 STREET ADDRESS **3008 N.E. 210 ST.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VD** ☒ Delete
 NAME **AREIZA, FERNANDO**
 STREET ADDRESS **3008 N.E. 210 ST.**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **SD** ☐ Delete
 NAME **FUENTES, JOSE O**
 STREET ADDRESS **3008 N.E. 210 ST.**
 CITY-ST-ZIP **AVENTURA FL 33180**

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
 NAME
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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 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

4/26/02 (305) 226-3443
 Date Daytime Phone #

CR2E034 (9/01)