HAF, FRODUCTIONS, INC: OS-23-2002 90124 002 ***150.00 OS-23-2002 90124 002 ***150.00 B0111'09'4 B0	2002 UNIFORM BUSINESS REPORT (UBR)					FILED May 23, 2002, 8:00 am
HAF, FRODUCTIONS, INC: OS-23-2002 90124 002 ***150.00 OS-23-2002 90124 002 ***150.00 B0111'09'4 B0						May 23, 2002 8:00 am Secretary of State
See SOUTHWEST 127TH APPAUE SEE SOUTHWEST 127TH APPAUE MUMI PL 20175	H.A.F. PR	RODUCTIONS, INC.				05-23-2002 90124 002 ***150.00
2. Include and a data and data and data and a data and a data and a data and	3830 SOUTHWEST 137TH AVENUE 3830 SOUTHWEST 137TH		WENUE			
Auge on TUPE And To Product of the sector	Suite, Apt. #, etc. Suite, Apt. #, etc.			8 5 1	_	
20 Country S. Certificate of Status Desired B37.5 Additional Fee Required Agent 0. Name and Address of Current Registered Agent Name HERRERA, JOSE R Sado SOUTHWEST 137TH AVENUE MAME R, S3175 Status Desired It is a status Desired Image: Status Desired Line Status Destatus Desired Line Status De	City & State AVENTURA Miane			F	4. F	FEI Number Applied For 65-1126220 Not Applicable
Name Name HERRERA, JOSE R State: Address (P.O. Gox Namber is Us Acceptible) MAMI F, 33175 State: Address (P.O. Gox Namber is Us Acceptible) City AVEX.NTURE.A State: Address (P.O. Gox Namber is Us Acceptible) City City AVEX.NTURE.A State: Address (P.O. Gox Namber is Us Acceptible) City City AVEX.NTURE.A State: Address (P.O. Gox Namber is Us Acceptible) City Avex.Nt. bood or printed rave imposed duer and the fagurable. Definition of agent avex.ntm and everts to 0.0 to 0. Attent May 1, 2002 Fee will be \$\$50.00 Intelling requirement and everts to 0.0 to 0. Attent May 1, 2002 Fee will be \$\$50.00 Intelling requirement and everts to 0.0 to 0. Attent May 1, 2002 Fee will be \$\$50.00 Intelling requirement and everts to 0.0 to 0. Attent May 1, 2002 Fee will be \$\$50.00 Intelling requirement and everts to 0.0 to 0. Attent May 1, 2002 Fee will be \$\$50.00 Intelling requirement and everts to 0.0 to 0. Attent May 1, 2002 Fee will be \$\$50.00 Intelling requirement and everts to 0.0 to 0. Attent May 1, 2002 Fee will be \$\$50.00 Intelling requirement and everts to 0.0 to 0. Attent May 1, 2002 Fee will be \$\$50.00 <	Zip	/ ^{Country} <u>33/80</u>	33144	Country		Fee Required
	3830 SOL		Street Addre			
ITTLE PD ITTLE IT	SIGNATURE . 9. This corpo Tax filing i	Signature, typed or printed name of registered agent ar pration is eligible to satisfy its Intangible requirement and elects to do so.	nd title if applicable. (NOTE: FILE NOW!!! Àfter May 1, 2002	Registered Agent signature req FEE IS \$150.00 2 Fee will be \$550.0	uired when rein	DATE DATE DATE DATE DATE DATE DATE S5.00 May Be
NAME AREIZA, FERNANDO STREET ADDRESS 3000 N.E. 210 ST. OTY-ST-2P AVENTURA FL 33180 TITLE SD ITLE STREET ADDRESS 3008 N.E. 210 ST. OTY-ST-2P TITLE SD STREET ADDRESS OTY-ST-2P TITLE STREET ADDRESS 3008 N.E. 210 ST. STREET ADDRESS 3008 N.E. 210 ST. STREET ADDRESS OTY-ST-2P OTY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS OTY-ST-2P TITLE Delete TITLE NAME STREET ADDRESS OTY-ST-2P TITLE Delete TITLE OTH-ST-2P TIT	TITLE NAME Street address	PD HERRERA, JOSE R 3008 N.E. 210 ST.		TITLE NAME STREET ADDRESS	AD	Change 🗋 Addition 🕫
TITLE SD Delete TITLE Addition NAME FUENTES, JOSE O SIRET ADDRESS SIRET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 Delete TITLE Change Addition ITTLE AVENTURA FL 33180 CITY-ST-ZIP Change Addition SIRET ADDRESS CITY-ST-ZIP Change Addition NAME SIRET ADDRESS CITY-ST-ZIP Change Addition ITILE NAME SIRET ADDRESS <td>NAME Street address</td> <td>VD AREIZA, FERNANDO 3008 N.E. 210 ST.</td> <td>Delete</td> <td>NAME STREET ADDRESS</td> <td></td> <td>Change Addition</td>	NAME Street address	VD AREIZA, FERNANDO 3008 N.E. 210 ST.	Delete	NAME STREET ADDRESS		Change Addition
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME Delete TITLE Change Addition NAME Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Addition Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inficiented 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	NAME Street address	SD FUENTES, JOSE O 3008 N.E. 210 ST.	Delete .	NAME STREET ADDRESS		Change Addition
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP 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 truesce 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	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		Change Addition
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 1 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.	NAME Street adoress		Delete	NAME STREET ADDRESS		Change Addition
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.	NAME Street address		Delete	NAME STREET ADDRESS		Change Addition
SIGNATURE: 4/26/02 (305/226·3443)						