

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

AMENDED 2002 UBR

DOCUMENT # 001000101814

FILED

1. Entity Name

INCOGNITO PRODUCTIONS, INC.

02 JUL 16 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5600 NW 114th PLACE

Suite, Apt. #, etc.

#201

City & State

MIAMI FL

Zip

33178

Country

3. Mailing Address

5600 NW 114th PLACE

Suite, Apt. #, etc.

#201

City & State

MIAMI FL

Zip

33178

Country

4. FEI Number

65-1149693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ANGEL D. CORDOVA

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

780 NW 42 AVE. #416

City

MIAMI

FL

Zip Code  
33126

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 X

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

ANGEL D. CORDOVA

5/23/02

(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) ☐

January 1 - May 1: Fee is \$150.00  
After May 1: Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	PVSTD GONDELLES, ADELAIDA 4141 NE 2 AVE. #109 MIAMI FL 33139	TITLE NAME STREET ADDRESS CITY - ST - ZIP	900006469369-1 -07/17/02-01052-018 *****61.25 *****61.25
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

ADELAIDA GONDELLES, PRES.