

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

APPROVED
AND
FILED

02 OCT -7 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000104137**

1. Entity Name

PALOMA PRODUCTIONS, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5610 NW 107 Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

#1301

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

FL

Zip

33178

Country

USA

Zip

Country

4. FEI Number

065-1149832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANA PIZZORNO

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

5610 NW 107 Ave #1301

City

MIAMI

FL

Zip Code

33178

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IN THIS SPACE**

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

ANA PIZZORNO

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

(NOTE: Registered Agent signature required when reinstating)

August 30 - 2002

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. **PRESIDENT** OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
FABIAN PIZZORNO
5610 NW 107 Ave #1301
MIAMI, FL 33178

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ANA PIZZORNO
5610 NW 107 Ave #1301
MIAMI, FL 33178

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CR2E034B (12/01)

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: **FABIAN PIZZORNO** **08/30/02** **661-3133616**

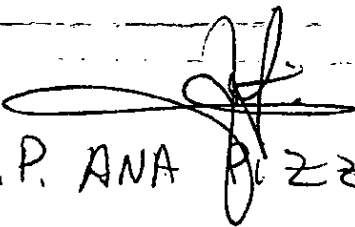
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
ID# PS1000104137

Attachment
DLE #

Settembre 03, 2002

I never received the annual report for
Palomus Productions, inc on May 2002 -


V.P. ANA PIZZORNO