

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90203 016 ***158.75

DOCUMENT # P01000114200

1. Entity Name
STICK M PRODUCTIONS INTERNATIONAL, INC.



Principal Place of Business
2625 SW 108 CT
MIAMI FL 33165

Mailing Address
2625 SW 108 CT
MIAMI FL 33165



2. Principal Place of Business

36 NE 1ST Street
Suite, Apt. #, etc.
#803 Seybold Bldg
City & State
MIAMI FL

3. Mailing Address

36 NE 1ST Street
Suite, Apt. #, etc.
#803 Seybold Bldg
City & State
MIAMI Florida

☐ CHECK HERE IF MAKING CHANGES

Zip
33132

Country
US

Zip
33132

Country
US

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

CARBAJAL, BEATRICE
2625 SW 108 CT
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Signature, typed or printed name of registered agent, and title is applicable.**

(NOTE: Registered Agent signature required when reinstating)

DATE

02-16-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **CARBAJAL, BEATRICE**
STREET ADDRESS **2625 SW 108 CT**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VP** ☐ **Delete**
NAME **VIDAL, BERNARD**
STREET ADDRESS **36 NE 1ST, #803 SEYBOLD BLDG.**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-16-2003

Date

Daytime Phone #

CR2E034 (10/02)