

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91179 033 ***150.00

DOCUMENT # **D02000005610**

1. Entity Name

M2C PRODUCTIONS, INC.



DO NOT WRITE IN THIS SPACE

90129868

2. Principal Place of Business

20411 NE 14TH CT

3. Mailing Address

20411 NE 14TH CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N MIAMI BEACH FL

City & State

N MIAMI BEACH FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33179

Country

USA

Zip

33179

Country

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

LAMONICA CHRISTOPHER

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

20411 NE 14TH CT

City

N MIAMI BEACH FL

Zip Code

33179

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAMONICA CHRISTOPHER
STREET ADDRESS	20411 NE 14TH CT
CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D
NAME	BIVONA COSIMO
STREET ADDRESS	1111 NE 202 ST
CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D
NAME	LEON, AURELIO
STREET ADDRESS	20411 NE 14TH CT
CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	D
NAME	GOMEZ ARMANDO
STREET ADDRESS	19813 NE 12TH PL
CITY-ST-ZIP	N MIAMI BEACH FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

CHRISTOPHER LAMONICA 430033054952434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)