

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

05-05-2003 91770 040 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P-02000006454	YEAR-2003
1. Entity Name		
STUDIOUNO VIDEO PRODUCTIONS, INC.		

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3565 MAGELLAN CIRCL., SUITE 336		3565 MAGELLAN CIRCL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE # 336		SUITE # 336	
City & State		City & State	
MIAMI, FL		MIAMI-FLORIDA	
Zip	Country	Zip	Country
33180	USA	33180	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
02-0533827		Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name	
HERNAN SPIVAK	
Street Address (P.O. Box Number is Not Acceptable)	
3565 MAGELLAN CIRCL	
SUITE 336	
City	Zip Code
MIAMI	33180

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  **HERNAN SPIVAK** **4/28/2003**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	SPIVAK, HERNAN
STREET ADDRESS	3565 MAGELLAN CIRCL., #336
CITY-ST-ZIP	MIAMI-FLORIDA 33180
TITLE	DS
NAME	GERZENSTEIN, SAMANTA B
STREET ADDRESS	3565 MAGELLAN CIRCL., #336
CITY-ST-ZIP	MIAMI-FLORIDA 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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11.

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TITLE	
NAME	
STREET ADDRESS	
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:  **HERNAN SPIVAK, PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2003
Date

305-933-5230
Daytime Phone #