

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91524 032 ***150.00

DOCUMENT # **P02000023425**

1. Entity Name

Downtown Productions INC



DO NOT WRITE IN THIS SPACE

10090419

2. Principal Place of Business

11801 NW 100 RD

Suite, Apt. #, etc.

#11

City & State

MEDELY

Zip

33178

Country

3. Mailing Address

11801 NW 100 RD

Suite, Apt. #, etc.

#11

City & State

MEDELY

Zip

33178

Country

DO NOT WRITE IN THIS SPACE

X FET Number

43-1953115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ARIEL WERBA

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

20185 E Country Club Dr

City

AVENUE

FL

Zip Code

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

Ariel Werba

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

(NOTE: Registered Agent signature required when reinstating)

4/21/03

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	P.
NAME	ARIEL WERBA
STREET ADDRESS	20185 E Country Club Dr
CITY-ST-ZIP	AVENUE FL 33180
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
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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:

Ariel Werba

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03 954499192

Date

Daytime Phone #

CR2E034B (12/02)