[redacted]
02-27-2003 90125 037 ***150.00
P02000025588

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 31 PM 4:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #
1. Entity Name

P02000025588
SUBLIME FILMS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3621 SW 109 AVE	3621 SW 109 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33165 Country: U.S.A	Zip: 33165 Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: NONE ☐ Applied For ☐ 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: ADOLFO RODRIGUEZ-ROIG
Street Address (P.O. Box Number is Not Acceptable): 3621 SW 109 AVE
City: MIAMI FL Zip Code: 33165

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 PRESIDENT NAME ADOLFO RODRIGUEZ-ROIG STREET ADDRESS 3621 SW 109 AVE CITY-ST-ZIP ~~MIAMI, FL 33165~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP REINSTATEMENT 03	TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034B (12/02)

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: ARRoig President 2-23-03 305-968-4636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #