

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 90963 032 ***150.00

DOCUMENT # P02000075723

1. Entity Name
LAST MINUTE PRODUCTIONS, INC.



Principal Place of Business
9461 S.W. 106TH AVENUE
MIAMI FL 33176

Mailing Address
9461 S.W. 106TH AVENUE
MIAMI FL 33176

55045688



2. Principal Place of Business
~~1450 Madruga Avenue~~

3. Mailing Address

Suite, Apt. #, etc.
202 TP

Suite, Apt. #, etc.

City & State
Coral Gables FL

City & State

Zip
33146

Country
TP

Zip
33146

Country

4. FEI Number
02-0691491

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PEPE, THOMAS F
1450 MADRUGA AVENUE
SUITE 202
CORAL GABLES FL 33148

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 fee applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President, Secretary & Treasurer
Damien S Nemire - Pepe
9461 SW 106 Avenue
Miami FL 33176

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Damien S Nemire - Pepe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

305 582 3546
Daytime Phone #

CR2034 (10/02)