

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90368 012 \*\*\*150.00

0172219 AV

**DOCUMENT # P02000076513**

**1. Entity Name**  
**BLV PRODUCTIONS, INC.**



**Principal Place of Business**  
**19188 SW 26TH STREET**  
**MIRAMAR FL 33029**

**Mailing Address**  
**19188 SW 26TH STREET**  
**MIRAMAR FL 33029**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**68-0542820**

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**

**TUDARES, MARIELA O**  
**19188 SW 26TH STREET**  
**MIRAMAR FL 33029**

**7. Name and Address of New Registered Agent**

**Name**  
**MARIELA OSORIO**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**19188 SW 26 ST**  
**City**  
**MIRAMAR** **FL** **Zip Code**  
**33029**

**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)

**4/15/03**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☒ Delete  
**NAME** **TUDARES, MARIELA O**  
**STREET ADDRESS** **19188 SW 26TH STREET**  
**CITY-ST-ZIP** **MIRAMAR FL 33029**

**TITLE** **D.** ☒ Change ☐ Addition  
**NAME** **MARIELA OSORIO**  
**STREET ADDRESS** **19188 SW 26 ST**  
**CITY-ST-ZIP** **MIRAMAR, FL 33029**

**TITLE** **D** ☒ Delete  
**NAME** **EPEL, MIRIAM L**  
**STREET ADDRESS** **21023 N.E. 34TH PL**  
**CITY-ST-ZIP** **AVENTURA FL 33180**

**TITLE** **D.** ☒ Change ☐ Addition  
**NAME** **MIRIAM LEIDERMAN**  
**STREET ADDRESS** **21023 NE 34 PL**  
**CITY-ST-ZIP** **AVENTURA, FL 33180**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03 (954) 885-0979**

Date

Daytime Phone #

CR2E034 (10/02)