

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

04-11-2003 90129 035 ***150.00

DOCUMENT # P02000081077

1. Entity Name
ARIES VIDEO PRODUCTIONS, INC.



Principal Place of Business
**1239 FAIRLAKE TRACE #1301
WESTON FL 33326**

Mailing Address
**1239 FAIRLAKE TRACE #1301
WESTON FL 33326**

55038804



2. Principal Place of Business
1239 FAIRLAKE TRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1301

City & State

WESTON FL

City & State

Zip

33326

Country

Zip

Country

4. FEI Number

68-0520341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARBAJAL, MARIA D
1239 FAIRLAKE TRACE #1301
WESTON FL 33326

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

X

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **CARVAJAL, MONICA O**
STREET ADDRESS **1239 FAIRLAKE TRACE #1301**
CITY-ST-ZIP **WESTON FL 33326**

TITLE **D** ☒ Delete
NAME **CARAJAL, MARIA D**
STREET ADDRESS **1239 FAIRLAKE TRACE #1301**
CITY-ST-ZIP **WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other officers or directors.