

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90291 035 ***150.00

DOCUMENT # P02000096675

1. Entity Name

Engma Productions Group, INC

Principal Place of Business

Mailing Address

8080 NW 96 Terrace #303
Tamarac, FL 33321

2. Principal Place of Business

3. Mailing Address

P.O. Box 9255

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coconut Springs, FL

Zip

Country

Zip

Country

33075

USA

4. FEI Number

22-3869210

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President
NAME: Julio Cesar Romero
STREET ADDRESS: 8080 NW 96 Terrace #303
CITY-ST-ZIP: Tamarac, FL 33321

TITLE: Vice President
NAME: Francis Hernandez
STREET ADDRESS: 808 NW 96 Terrace #303
CITY-ST-ZIP: Tamarac, FL 33321

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

TITLE: ☐ Delete
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CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

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

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/30/03

CR2E034 (10/00)