**FILED**
**Feb 12, 2003 8:00 am**
**Secretary of State**
02-12-2003 90109 004 ***150.00

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J00034137

DOCUMENT # P02000109456

1. Entity Name
**CBM PRODUCTIONS CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| 1602 ALTON ROAD<br>MIAMI BEACH, FL 33139 | 1602 ALTON ROAD<br>MIAMI BEACH, FL 33139 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1251 NE 108 St | |
| Suite, Apt. #, etc.<br># 620 | Suite, Apt. #, etc. |
| City & State<br>North Miami, Fl | City & State |
| Zip<br>33161 Country | Zip Country |

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☒ 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 |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 | Name Octavio Cherardi<br>Street Address (P.O. Box Number is Not Acceptable)<br>1251 NE 108 St. #620<br>City North Miami FL Zip Code 33161 |

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: Octavio Cherardi 2/5/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PSTD<br>BOLIVAR MASSO, AUGUSTO<br>1602 ALTON ROAD<br>MIAMI BEACH, FL 33139 | ☐ Delete | PSTD<br>Bolivar Masso, Augusto<br>1251 NE 108 St #620<br>North Miami, Fl 33161 | ☒ Change ☐ Addition |
| | | ☐ Delete | D<br>Cesar Bolivar<br>1251 NE 108 St #620<br>North Miami, Fl 33161 | ☐ Change ☒ Addition |
| | | ☐ Delete | D<br>Octavio Cherardi<br>1251 NE 108 St. #620<br>North Miami, Fl 33161 | ☐ Change ☒ Addition |
| | | ☐ Delete | D<br>Julio Cesar Bolivar<br>1251 NE 108 St #620<br>North Miami, Fl 33161 | ☐ Change ☒ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |
| | | ☐ Delete | | ☐ Change ☐ Addition |

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 like empowered.

**SIGNATURE:** [signature] 02/05/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #