

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000042957**

1. Entity Name

HARP FILM & VIDEO PRODUCTIONS, INC.**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90030 002 ***150.00

Principal Place of Business

**10880 SW 126 ST
MIAMI FL 33176
US**

Mailing Address

**10880 SW 126 ST
MIAMI FL 33176
US**

2. Principal Place of Business

7220 N.W. 36 STREET

Suite, Apt. #, etc.

3. Mailing Address

7220 N.W. 36 STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDACity & State
MIAMI, FLORIDA4. FEI Number **65-0585535**

Applied For

Not Applicable

Zip
33166Country
USAZip
33166Country
USA5. 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

**ROSADO, HAROLD
10880 SW 126TH STREET
MIAMI FL 33176**

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

HAROLD ROSADO, REGISTERED AGENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE 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	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PSD	ROSADO, HAROLD	10880 SW 126 STREET	MIAMI FL 33176	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
VSD	ORTIZ, MILLIE	10880 SW 126TH STREET	MIAMI FL 33176	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD ROSADO, PRESIDENT

Date

1-31-01

Daytime Phone #

305-599-9727

CR2E034 (10/00)