

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90149 001 ***150.00

DOCUMENT # P95000058776

1. Entity Name

DEBCO PRODUCTIONS, INC.

Principal Place of Business

**343 ALMERIA AVENUE
 CORAL GABLES FL 33134
 US**

Mailing Address

**343 ALMERIA AVENUE
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

1840 Southwest 22 Street

3. Mailing Address

1840 Southwest 22 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4th Floor

4th Floor

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33145

33145

4. FEI Number

59-3326031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22ND STREET
 MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code

33145

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 **By: Natalia Utrera, Vice President**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, BARBARA 8455 HWY JJ MOUNTAIN GROVE MD 65711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: **Barbara Jones, Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2002 (417) 926-4050

CR2E034 (9/01)