

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90177 037 \*\*\*158.75

**DOCUMENT # P96000053735**

1. Entity Name  
**TANTRA PRODUCTIONS, INC.**

Principal Place of Business  
**1445 PENNSYLVANIA AVENUE**  
**MIAMI BEACH FL 33139**

Mailing Address  
**1445 PENNSYLVANIA AVENUE**  
**MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0676585**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**GONZALEZ, LEONARDO**  
**461 NW 98 CT.**  
**MIAMI FL 33172**

Name **Gonzalez, Leonardo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1020 SW 94 Avenue**  
 City **Miami** **FL** Zip Code **33174**

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 date 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **GONZALEZ, LEONARDO**  
 STREET ADDRESS **461 NW 98 COURT**  
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Gonzalez Leonardo**  
 STREET ADDRESS **1020 SW 94 Avenue**  
 CITY-ST-ZIP **Miami FL 33174**

TITLE **VP** ☐ Delete  
 NAME **HOGLE, TIOMOTHY**  
 STREET ADDRESS **1111 LINCOLN RD #375**  
 CITY-ST-ZIP **JAMI BEACH FL 33139**

TITLE **TLS** ☐ Change ☒ Addition  
 NAME **Susan Gonzalez**  
 STREET ADDRESS **1020 SW 94 Avenue**  
 CITY-ST-ZIP **Miami FL 33174**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)