

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90054 012 ***150.00

DOCUMENT # P96000084449

1. Entity Name
EL SHOW DE MIAMI, INC.

Principal Place of Business

**235 SIDONIA AVE
 #218
 CORAL GABLES FL 33134
 US**

Mailing Address

**235 SIDONIA AVE
 #218
 CORAL GABLES FL 33134
 US**

2. Principal Place of Business

460 WEST PARK DRIVE

Suite, Apt. #, etc.

#101

City & State

MIAMI FL

Zip

33172

Country

USA

3. Mailing Address

460 WEST PARK DRIVE

Suite, Apt. #, etc.

#101

City & State

MIAMI FL

Zip

33172

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0757661

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARRILLO, MARIA G

235 SIDONIA AVE

#218

CORAL GABLES FL 33134

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 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, 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 **P** ☐ Delete
 NAME **CARRILLO, MARIA G**
 STREET ADDRESS **235 SIDONIA AVE. #218**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **D** ☐ Delete
 NAME **CARRILLO, MARIA G**
 STREET ADDRESS **235 SIDONIA AVE. #218**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/02
 Date

(305) 2203274
 Daytime Phone #

CR2E034 (9/01)