

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012483

1. Entity Name

ZEEM PRODUCTIONS INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90117 024 ***150.00

Principal Place of Business

12251 SW 96 ST.
 MIAMI FL 33186

Mailing Address

231 ALTARA AVE.
 CORAL GABLES FL 33146-1422

2. Principal Place of Business

295 East Ferry
 Suite, #7

3. Mailing Address

295 East Ferry
 Suite #7

City & State

Detroit, MI

City & State

Detroit, MI

Zip

48202

Country

USA

Zip

48202

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0725776

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

ARANGO, NATALIA
 12251 SW 96 ST.
 MIAMI FL 33186

Name

Juan Carlos Arango

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

295 East Ferry
 Suite #7

City

Detroit, MI 48202

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

5/1/00

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, 2000 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	<input checked="" type="checkbox"/> Delete
NAME	ARANGO, NATALIA M	
STREET ADDRESS	12251 SW 96 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> Delete
NAME	ARANGO, JUAN C	
STREET ADDRESS	12251 SW 96 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ARANGO, ALVARO	
STREET ADDRESS	12251 SW 96 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ELOISA, ANA	
STREET ADDRESS	12251 SW 96 ST.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	Juan Carlos Arango	
CITY-ST-ZIP	295 E. Ferry Suite #7	
	Detroit, MI, 48202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

5/1/00

Date

(313) 510-8422

Daytime Phone #

CR2E034 (9/99)