

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90692 039 \*\*\*150.00

0197095 AV

**DOCUMENT # P97000032670**

1. Entity Name

**STUDIO 21 PRODUCTIONS INC.**

Principal Place of Business

9240 SW 72ND ST  
 241  
 MIAMI FL 33173

Mailing Address

9240 SW 72ND ST  
 241  
 MIAMI FL 33173



2. Principal Place of Business

*7525 NW 8TH Street*

Suite, Apt. #, etc.

3. Mailing Address

*7525 NW 8TH Street*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*MIAMI - FL*

City & State

*MIAMI - FL*

4. FEI Number

**65-0752914**

Applied For

Not Applicable

Zip

*33126*

Country

Zip

*33126*

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TISERA, DOMINGO H  
 11386 S.W. 110 LANE  
 MIAMI FL 33176

*new address* →

7. Name and Address of New Registered Agent

Name

*TISERA, Domingo H*

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

*11757 SW 90 Terrace*

City

*MIAMI*

**FL**

Zip Code

*33186*

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 ☐ Delete  
 NAME **D**  
 STREET ADDRESS **TISERA, DOMINGO H**  
 CITY-ST-ZIP **11386 S.W. 110 LANE MIAMI FL 33176**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 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  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

*04/02/02*

Date

*305-275-5565*

Daytime Phone #

CR2E034 (9/01)