

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049649

1. Entity Name

EX ANIMO PICTURES & PRODUCTION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90006 034 ***150.00

Principal Place of Business

Mailing Address

9631 SW 85 STREET
MIAMI FL 33173

1550 MADRUGA AVENUE
SUITE 240
CORAL GABLES FL 33146

2. Principal Place of Business

3. Mailing Address

11969 SW 92 ST

Suite, Apt. #, etc.

City & State
Miami FL

City & State

4. FEI Number 65-0768183

Applied For
Not Applicable

Zip
33186

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

FERNANDEZ, MANUEL A
2520 S.W. 59TH AVENUE
MIAMI FL 33155

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, MANUEL A 11969 SW 92 ST. MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

MANUEL A. FERNANDEZ 2/5/00

Date

Daytime Phone #

CP2E034 (9/99)