

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

0169110  
 AT

DOCUMENT # **P97000053371**

1. Entity Name  
**2001 PRODUCTIONS, INC.**

09-13-2001 90010 009 \*\*\*550.00

Principal Place of Business

Mailing Address

~~P.O. BOX 102438~~  
**MIAMI FL 33116-2438**

~~P.O. BOX 102438~~  
**MIAMI FL 33116-2438**

00010036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**14108 SW 142 AVE**

**PO BOX 566582**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**MIAMI FL**

**MIAMI FL**

4. FEI Number **65-0768532**

Applied For  
 Not Applicable

Zip **33186**

Country **DADE**

Zip **33256**

Country **USA**

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

**DEETS, SUSAN ESQ**  
**9370 SUNSET DRIVE**  
**SUITE A-255**  
**MIAMI FL 33173**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D</b> <b>ROMERO, FRANCISCO</b> <b>14108 S.W. 142 AVENUE</b> <b>MIAMI FL 33186</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

**305 6743401**

CR2E034 (5/01)