

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054527

1. Entity Name

VILLANUEVA PRODUCTIONS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90119 034 ***150.00

Principal Place of Business

7920 W DR
#6
N BAY VILLAGE FL 33141
US

Mailing Address

7920 W DR
#6
N BAY VILLAGE FL 33141-5568
US

2. Principal Place of Business

400 Kings Point Dr.

3. Mailing Address

400 Kings Point Dr.

Suite, Apt. #, etc.

423

Suite, Apt. #, etc.

423

City & State

SUNNY ISLE FL

City & State

SUNNY ISLE FL

4. FEI Number

65-0764850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSAH, CARMEN E
7920 WEST DR #6
N. BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent

Name

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

400 Kings Point Dr Suite 423

City

SUNNY ISLE

FL

Zip Code

33160

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

TITLE P ☐ Delete
NAME VILLANUEVA, MARIA C
STREET ADDRESS 7920 WEST DRIVE #6
CITY-ST-ZIP N. BAY VILLAGE FL 33141

TITLE S/T ☐ Delete
NAME BOSAH, CARMEN
STREET ADDRESS 7920 WEST DRIVE #6
CITY-ST-ZIP N. BAY VILLAGE FL 33141

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 400 Kings Point Dr Suite 423
CITY-ST-ZIP SUNNY ISLE FL 33160

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 400 KINGS POINT DR SUITE 423
CITY-ST-ZIP SUNNY ISLE FL 33160

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
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: *Carmen Bosah*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2000 (305) 949-4402
Date Daytime Phone #

CR2E034 (9/99)