

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000078245**
 1. Entity Name
Duque Productions, Inc.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 JUN 16 AM 11:08

Principal Place of Business Mailing Address **SAME**
15360 Sunset DR #24
Miami, FL 33193

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **24** Suite, Apt. #, etc.
 City & State **MIAMI, FL** City & State
 Zip **33193** Country **U.S.** Zip Country

4. FET Number **65-0782447** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Yisel Duque
15360 S.W. 72nd St. #24
Miami, FL 33193

7. Name and Address of New Registered Agent
 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 **Yisel Duque** (NOTE: Registered Agent signature required when reinstating)
 DATE **5-11-00**

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

TITLE President	<input type="checkbox"/> Delete
NAME Yisel Duque	
STREET ADDRESS 15360 SW 72 St Apt. 24	
CITY-ST-ZIP Miami, FL 33193	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V. P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Pedro O. Dominguez	
STREET ADDRESS 15360 SW 72 St. #24	
CITY-ST-ZIP Miami, FL 33193	
TITLE Treasurer + Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Alex Gonzalez	
STREET ADDRESS 4511 W. North St.	
CITY-ST-ZIP Tampa, FL 33614	
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	

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5/11/00

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: **Yisel Duque** Date **5-11-00** Daytime Phone # **(305) 216-7469**

CR2E034 (9/99)