

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90031 025 ***150.00

DOCUMENT # P97000097243

1. Entity Name
H2O FILMS, INC.

Principal Place of Business

**120 NE 39 ST
 MIAMI FL 33137
 US**

Mailing Address

**120 NE 39 ST
 MIAMI FL 33137
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794251

Applied For

Not Applicable

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

**URDANETA, MIGUEL
 55 OCEAN LANE DR
 #3021
 KEY BISCAYNE FL 33149**

Name
URDANETA, MIGUEL

Street Address (P.O. Box Number is Not Acceptable)
1651 TIGERTAIL AVENUE

City **COCONUT GROVE**

FL

Zip Code **33133-2544**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/09/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PSD**
 STREET ADDRESS **URDANETA, MIGUEL**
 CITY-ST-ZIP **55 OCEAN LANE DR #3021
 KEY BISCAYNE FL 33149**

TITLE ☒ Change ☐ Addition
 NAME **PSD**
 STREET ADDRESS **URDANETA, MIGUEL**
 CITY-ST-ZIP **1651 TIGERTAIL AVENUE
 COCONUT GROVE, FL 33133**

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 REQUIRED

MIGUEL URDANETA

01/09/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)