

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # P98000027915

1. Entity Name

SPECIFIC PRODUCTIONS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

03-20-2000 90049 028 ***150.00

Principal Place of Business

Mailing Address

255 COLLINS AVE.
UNIT #11
MIAMI BEACH FL 33139

255 COLLINS AVE.
UNIT #11
MIAMI BEACH FL 33139-7132

2. Principal Place of Business

3. Mailing Address

1561 N.W. 28th
Suite, Apt. #, etc.

1561 N.W. 28th
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

Zip
33142

Country
U.S.

City & State

Miami FL

Zip
33142

Country
U.S.

4. FEI Number

650929553

APPLIED FOR

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

GARCIA, INGER M ESQ.
CONTINENTAL PLAZA, STE.304
3250 MARY STREET
COCONUT GROVE FL 33133

Name
GARCIA, INGER M ESQ

Street Address (P.O. Box Number is Not Acceptable)
210 174 st

Penhouse 2419

City
Miami Sunny Isle Beach 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD GARCIA, MANUEL I 255 COLLINS AVE., UNIT 11 MIAMI BEACH FL 33139	<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
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	PVSD GARCIA, Manuel I 1561 N.W. 28 st Miami FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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:

Manuel Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-99

Date

Daytime Phone #

CR2E034 19/99