

2000 UNIFORM BUSINESS REPORT (UBR)

07/26/2000 09:00:02 029 ***400.00

DOCUMENT #

1. Entity Name

PRODUCCIONES HORIZONTE
MERCADEO INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

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

7. Name and Address of New Registered Agent

SYLVIA GOMEZ 3701 S.W. 153 ST. MIAMI
33185

MARCELA GOMEZ 1811 AMBERWOOD CIR.
NASHVILLE TN 37221

CLAUDIA GONZALEZ 14121 SW 156 Terr.
MIAMI 33177

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

13. I hereby certify that the information su

indicated on this report or supplemental report is true and accurate
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.

3(i), Florida Statutes. I further certify that the information
ect as if made under oath; that I am an officer or director

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



Now Address for
1 - Corporation
2 - President
3 - Vicepresident only



Grow in grace. 2 Peter 3:18

6/16/00 305553 8766