

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90043 009 ***150.00

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DOCUMENT # P98000041030

1. Entity Name

PRODUCCIONES HORIZONTE & MERCADEO INC.

Principal Place of Business

**3701 SW 153 CT
MIAMI FL 33185**

Mailing Address

**PO BOX 770933
MIAMI FL 33177
US**

2. Principal Place of Business

13754 SW 147 CIR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

33186

USA

4. FEI Number

65-0847882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, SYLVIA C

3701 S.W. 153 CT

MIAMI FL 33185

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

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, 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, SYLVIA C	
STREET ADDRESS	3701 SW 153 CT	
CITY-ST-ZIP	MIAMI FL 33185	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GOMEZ, CLAUDIA	
STREET ADDRESS	14121 SW 156 TERR	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GOMEZ, MARCELA	
STREET ADDRESS	1811 AMBERWOOD CIRCLE	
CITY-ST-ZIP	NASHVILLE TN 37211	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOMEZ, OSCAR	
STREET ADDRESS	15742 NW 15 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33098	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gomez, Sylvia C	
STREET ADDRESS	13754 SW 147 CIR. LN #1	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ-MARCELA	
STREET ADDRESS	2710 AMBERWOOD CIR	
CITY-ST-ZIP	Nashville TN 37211	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)