2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000045069** Feb 02, 2000 8:00 am Secretary of State PINEROS PRODUCTIONS., INC. 02-02-2000 90013 006 ***150.00 Principal Place of Business Mailing Address 4770 BISCAYNE BLVD 4770 BISCAYNE BLVD **SUITE 1420 SUITE 1420** MIAMI FL 33137-3251 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0837051 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired, _ _ _ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINEROS, ANTONIO J SR. Street Address (P.O. Box Number is Not Acceptable) 10965 NW 62 TERRACE **MIAMI FL 33178** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition TITLE TITLE ☐ Delete PINEROS, ANTONIO J JR. NAME NAME STREET ADDRESS STREET ADDRESS 10965 NW 62 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change ☐ Addition ☐ Delete PINEROS, ANTONIO J SR. NAME NAME STREET ADDRESS STREET ADDRESS 10965 NW 62 TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition

13. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

C!TY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

☐ Delete

☐ Change

☐ Addition