

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90157 016 ***150.00

DOCUMENT # P98000050334

1. Entity Name
SOUTH MIX PRODUCTIONS, INC.



Principal Place of Business
6800 S.W. 96TH STREET
MIAMI FL 33156

Mailing Address
6800 S.W. 96TH STREET
MIAMI FL 33156

2. Principal Place of Business

11352 SW 132nd Ct.
Suite, Apt. #, etc.

3. Mailing Address

11352 SW 132nd Ct.
Suite, Apt. #, etc.

City & State
Miami, FL

Zip
33186

Country
US

City & State
Miami, FL

Zip
33186

Country
US

4. FEI Number **65-0840803**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WECHSLER, MARILYN M
6800 S.W. 96TH STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name **Solomon A. Wechsler**
Street Address (P.O. Box Number is Not Acceptable)
11352 SW 132nd Ct.
City **Miami** **FL** **33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marilyn Wechsler*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3-20-2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ **Delete**
NAME **WECHSLER, SOLOMON A**
STREET ADDRESS **6800 SW 96 ST**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **Wechsler, Solomon A**
STREET ADDRESS **11352 SW 132nd Ct.**
CITY-ST-ZIP **Miami FL 33186**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Solomon A. Wechsler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/20/03** **DAYTIME PHONE #** **(305) 525-8237**

CR2E034 (10/02)