200 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058744

1. Entity Name

PEREZ GUERRERO PRODUCTIONS INC.

Principal Place of Business Mailing Address 13155 IXORA COURT #506 13155 IXORA COURT #506 NORTH MIAMI FL 33181 NORTH MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0847394 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - 6. Name and Address of Current Registered Agent PEREZ GUERRERO. ANGEL E Street Address (P.O. Box Number is Not Acceptable) 13155 IXORA COURT #506 NORTH MIAMI FL 33181 Zip Code City FI 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) 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, 2001 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE PEREZ GUERRERO, ANGEL E NAME NAME STREET ADDRESS 13155 IXORA COURT #506 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NORTH MIAMI FL 33181** TITLE ☐ Delete TITLE Change ☐ Addition PEREZ GUERRERO, NANCY NAME NAME STREET ADDRESS STREET ADDRESS 13155 IXORA COURT #506 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAM! FL 33181 ☐ Deletë TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/20/2001

(305)8492887 (305, 1909, 32-675

May 16, 2001 8:00 am Secretary of State

05-16-2001 90060 043 ***150.00

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