

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90132 044 ***150.00

DOCUMENT # **P98000062855**
 1. Entity Name
FIREWORKS MOTION/MEDIA INC.

Principal Place of Business Mailing Address
3200 PONCE DE LEON, BLVD.
SUITE 200
CORAL GABLES, FL 33134

2. Principal Place of Business 3. Mailing Address
3200 PONCE DE LEON **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
BUILD. SUITE 200

City & State City & State
CORAL GABLES FL
 Zip Country Zip Country
33134 Dade

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, 2001 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 | D | <input type="checkbox"/> Delete |
| NAME | STEVE MINOR | |
| STREET ADDRESS | 3200 PONCE DE LEON AVE. STE 200 | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ANABELLA SO SA | |
| STREET ADDRESS | 3200 PONCE DE LEON AVE, STE | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 200 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JOSE W RODRIGUEZ | |
| STREET ADDRESS | 3200 PONCE DE LEON AVE. ST. 200 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | | <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 | | |
| 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:  **Steve Minor**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4/17/01** Daytime Phone # **305-443-8680**

CR2E034 (11/00)