

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064520

1. Entity Name

ANIMATION PICTURES, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90081 020 \*\*\*150.00

Principal Place of Business

Mailing Address

10760 SW 63RD ST.  
MIAMI FL 33173

10760 SW 63RD ST.  
MIAMI FL 33173-1209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0853911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LLENSE, LUIS D  
10760 SW 63RD ST.  
MIAMI FL 33173

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LLENSE, LUIS D  
STREET ADDRESS 10760 SW 63RD ST.  
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

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

TITLE VD  
NAME UGALDE, JOSE  
STREET ADDRESS 4055 SW 103RD AVE.  
CITY-ST-ZIP MIAMI FL 33165 ☒ Delete

TITLE VPT  
NAME NANCY D. CHAVEZ  
STREET ADDRESS 11091 SW 65 ST  
CITY-ST-ZIP MIAMI FL 33173 ☒ Change ☐ Addition

TITLE D  
NAME ACEVEDO, ANGEL  
STREET ADDRESS 3620 SW 112TH PL.  
CITY-ST-ZIP MIAMI FL 33165 ☒ Delete

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

TITLE D  
NAME DOMINGUEZ, ROBERTO  
STREET ADDRESS 11350 SW 56TH ST.  
CITY-ST-ZIP MIAMI FL 33173 ☒ Delete

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

TITLE D  
NAME GONZALES, ETNAN  
STREET ADDRESS 5761 SW 109TH CT.  
CITY-ST-ZIP MIAMI FL 33173 ☒ Delete

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

TITLE D  
NAME ECHEVARRIA, RAYDEL  
STREET ADDRESS 10155 SW 43RD ST.  
CITY-ST-ZIP MIAMI FL 33165 ☒ Delete

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

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 9/99