## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 03, 2002 8:00 am P98000065772 DOCUMENT # **Secretary of State** 1. Entity Name EAGLE STRIKE PRODUCTIONS INC. 03-03-2002 90064 016 \*\*\*158.75 Principal Place of Business Mailing Address 2025 S.W. 22 TERRACE 2025 S.W. 22 TERRACE MIAMI FL 33145 MIAMI FL 33145 3. Mailing Address 12982 SW 132 Avenue 2. Principal Place of Business 12982 SW 132 Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Miami, Florida Applied For City & State Miami, Florida 4. FEI Number 65-0856201 Not Applicable Zip 33186 Country USA Zip 33186 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **GUTIERREZ. RENALDY J** 601 BRICKELL KEY DRIVE SUITE 501 MIAMI FL 33131-2651 se of chapping its registered office or registered agent, or both, in the State of Florida 8. The above named entit SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSD** Addition TITLE ☐ Delete TITLE VPD ☐ Change BERRY, LORENZO D III CAME NAME GASTON BERNAL 8751 N.W. 99TH STREET STREET ADDRESS STREET ADDRESS 13211 SW 44 Street, **MIAMI FL 33178** CITY-ST-7IP CITY-ST-ZIP Miami, Florida 33175 **VPD** ☐ Delete Change ☐ Addition TITLE KMOCH, KARL 2025 S.W. 22ND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33154 CITY-ST-ZIP TITLE Delete Change Addition **GUTIERREZ, RENALDY J** NAME NAME STREET ADDRESS 601 BRICKELL KEY DRIVE, SUITE 501 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITY-ST-7IP guality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing does no 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 impowered to exact the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ss, with all other like empowered. indicated on this report or supplemental report is true and accure of the corporation or the receiver or trustechanged, or on an attachment with arradi

**FILED** 

9/02 786-293-6859 Daytime Phone #