

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90137 014 ***150.00

DOCUMENT # P98000067754

1. Entity Name
B & S PRODUCTIONS, INC.



Principal Place of Business
**5141 NW 115TH COURT
MIAMI FL 33178**

Mailing Address
**5141 NW 115TH COURT
MIAMI FL 33178**



2. Principal Place of Business

B&S Productions inc

3. Mailing Address

B&S Productions inc

Suite, Apt. #, etc.

7317 NW 113 PLACE

Suite, Apt. #, etc.

7317 NW 113 PLACE

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33178

Country

USA

Zip

33178

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0855122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAUROVICH, BERNARDO
5141 NW 115TH COURT
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name
MAUROVICH, BERNARDO

Street Address (P.O. Box Number is Not Acceptable)

7317 NW 113 PLACE

City

MIAMI

FL

Zip Code

33178

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

[Signature]

AGENT

2/26/03

Signature, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MAUROVICH, BERNARDO**
STREET ADDRESS **5141 NW 115TH COURT**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **MAUROVICH, BERNARDO**
STREET ADDRESS **7317 NW 113 PLACE**
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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: *[Signature]*

SIGNATURE REQUIRED PRESIDENT

2/26/03 (305) 717-3499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)