

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90445 002 ***150.00

DOCUMENT # **P98000085434**

1. Entity Name
STOGIE PRODUCTIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1801 N.E. 149 Street
Suite, Apt. #, etc.

3. Mailing Address
1801 N.E. 149 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
No. Miami, FL

City & State
No. Miami, FL

4. FEI Number
65-0870518

Applied For
Not Applicable

Zip
33181
Country
Miami-Dade

Zip
33181
Country
Miami-Dade

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GARCIA, EILEEN B.

Street Address (P.O. Box Number is Not Acceptable)
1801 N.E. 149 Street

City
No. Miami **FL** Zip Code
33181

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PT DIROSA, VINCENT G 1801 N.E. 149 St. No. Miami, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GARCIA, EILEEN B 1801 N.E. 149 St. No. Miami, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like information.

SIGNATURE:

VINCENT G. DI ROSA
SIGNED AND SEALED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 305/945-2020

Date

Daytime Phone #

CR2E0348 (12/01)