

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000093273** ✓
 1. Entity Name
La Monica Productions Inc.

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90435 037 ***150.00

Principal Place of Business Mailing Address
7620 S.W. 58th Ave
Miami, FL 33143 **SAME**

00057365

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

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 _____ (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
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 President Michael La Monica 7620 S.W. 58th Ave Miami, FL 33143
 Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
 Change Addition
 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 registered 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: **Michael La Monica** MICHAEL LAMONICA 5/1/00 (305) 740-7126
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)