

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002576

1. Entity Name

FIFTH STREET PRODUCTIONS, INC.



03 OCT -3 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
7001 BISCAYNE BLVD
2ND FLOOR
MIAMI FL 33138

Mailing Address
7001 BISCAYNE BLVD
2ND FLOOR
MIAMI FL 33138

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 65-0634440

Applied For
Not Applicable5. 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

BARBARA B. GIMENEZ, P.A.
7001 BISCAYNE BLVD
MIAMI FL 33138

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D-
CARVAJAL, LOURDES
7001 BISCAYNE BLVD 2ND FLOOR
MIAMI FL 33138

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PAUL CARVAJAL
7001 BISC BLVD 2ND FLOOR
MIAMI, FL. 33138

☒ Change☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied herein 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 which I am otherwise empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 867 9889

7/10/3