

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017009

1. Entity Name

ANIMAY PRODUCTIONS INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90269 048 ***150.00

Principal Place of Business

7360 CORAL WAY
SUITE 21
MIAMI FL 33155

Mailing Address

7360 CORAL WAY
SUITE 21
MIAMI FL 33155-1420

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

65-0896458

Applied For

Not Applicable

5. 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

CORONADO, NESTOR
7360 CORAL WAY
SUITE 21
MIAMI FL 33155

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

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) ☐

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	PD	<input checked="" type="checkbox"/> Delete
NAME	CORONADO, NESTOR	
STREET ADDRESS	7360 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN M. GONZALEZ	
STREET ADDRESS	9001 WILES RD # 3-303	
CITY-ST-ZIP	CORAL SPRINGS, FL. 33067	
TITLE	SECRETARY / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN M. MARTINEZ	
STREET ADDRESS	7360 CORAL WAY STE. 21	
CITY-ST-ZIP	MIAMI, FL. 33155	
TITLE	V. PRESIDENT / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEW LEWITTES	
STREET ADDRESS	9001 WILES RD # 3-303	
CITY-ST-ZIP	MIAMI, FL. 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN GONZALEZ
President

Date

Daytime Phone #

CR2E034 (9/99)