2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025185

1. Entity Name

ILEANA BRAVO PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
1001 BRICKELL BAY DR. SUITE 1604 MIAMI FL 33131	1001 BRICKELL BAY DR. SUITE 1604 MIAMI FL 33131-4939

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 65-0904385 — 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
LASH, PETER 1001 BRICKELL BAY DR, SUITE 1604 MIAMI FL 33131	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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME BRAVO-GORDON, ILEANA M STREET ADDRESS 1001 BRICKELL BAY DR, SUITE 1604 CITY-ST-ZIP MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

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: _____ Ileana Bravo Gordon 4/19/00 (305) 536-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #