

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**  
 03-15-2000 90026 007 \*\*\*158.75

DOCUMENT # P-99000035054

1. Entity Name **PEOPLE PRODUCTION, INC**

Principal Place of Business Mailing Address  
**900 N.E. 195th street** **SAME**  
**SUITE #212**  
**NORTH MIAMI BEACH, FL 33179**

2. Principal Place of Business **900 N.E. 195th street** 3. Mailing Address

Suite, Apt. #, etc. **# 212** Suite, Apt. #, etc.

City & State **NORTH MIAMI BEACH** City & State

Zip **33179** Country **DADE** Zip Country


4. FEI Number **65-0912433** 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

**FRANCIA H. RODRIGUEZ** Name  
**900 N.E. 195th street** Street Address (P.O. Box Number is Not Acceptable)  
**SUITE #212**  
**NORTH MIAMI, FL 33179** 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  **FRANCIA H. RODRIGUEZ** **03-07-2000**  
 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. ☐ **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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>FRANCIA H. RODRIGUEZ</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PRESIDENT</b>		CITY-ST-ZIP		
	<b>900 N.E. 195th street STE 212</b>				
	<b>NORTH MIAMI, FL 33179</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>KAREM LINKE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SECRETARY</b>		CITY-ST-ZIP		
	<b>900 N.E. 195th street STE 212</b>				
	<b>NORTH MIAMI, FL 33179</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  **03-07-2000 (305)-652-5116**