305-254-6053

## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2000 8:00 am Secretary of State DOCUMENT # P99000037315 MOTUSA PRODUCTIONS, INC. 03-07-2000 90022 031 \*\*\*150.00 Principal Place of Business Mailing Address 7071 S.W. 47TH ST. 7071 S.W. 47TH ST. MIAMI FL 33155 MIAMI FL 33155-4697 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 65-092139: Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ. CARLOS R Street Address (P.O. Box Number is Not Acceptable) 7071 S.W. 47TH ST. **MIAMI FL 33155** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fèe will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/99) TITLE ☐ Delete TIFLE ☐ Change Addition NAME NAME PRESIDENT STREET ADDRESS STREET ADDRESS Robert G. Robinson CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE VICE PRESIDENT NAME NAME STREET ADDRESS STREET ADDRESS Carlos G. Perez CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE Secretary & Treasurer NAME NAME STREET ADDRESS STREET ADDRESS Carlos R. Perez CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - \$1 - 71P Delete TITLÈ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 suppliemental 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.

**Galerio**s R. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: