

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050826

1. Entity Name

JJ SALCIDO PRODUCTIONS, INC.

FILED

Mar 21, 2000 8:00 am  
Secretary of State

03-21-2000 90082 029 \*\*\*150.00

Principal Place of Business

115 SOUTH MARS AVENUE  
CLEARWATER FL 33755

Mailing Address

115 SOUTH MARS AVENUE  
CLEARWATER FL 33755-6522

2. Principal Place of Business

121 N. JEFFERSON AVE

Suite, Apt. #, etc.

APT 30

City & State

CLEARWATER FL

Zip

Country

33755

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. FEI Number

59-3612594

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

BODIN, GLORIA ROA  
2100 PONCE DE LEON BLVD SUITE 920  
CORAL GABLES FL 33134

Name

JOAQUIN SALCIDO

Street Address (P.O. Box Number is Not Acceptable)

121 N. JEFFERSON AVE - APT 30

CLEARWATER, FL.

City

FL

Zip Code

33755

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

3-13-2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPV  
SALCIDO, JOAQUIN  
115 SOUTH MARS AVENUE  
CLEARWATER FL 33755

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPV  
SALCIDO, JOAQUIN  
121 N. JEFFERSON AVE - APT-30  
CLEARWATER, FL. 33755

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
RALUY, JOSE JOAQUIN S  
115 SOUTH MARS AVENUE  
CLEARWATER FL 33755

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
RALUY, JOSE JOAQUIN S  
121 N. JEFFERSON AVE - APT. 30  
CLEARWATER, FL. 33755

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
RALUY, MARIA ISABEL S  
115 SOUTH MARS AVENUE  
CLEARWATER FL 33755

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
RALUY, MARIA ISABEL S  
121 N. JEFFERSON AVE - APT. 30  
CLEARWATER, FL. 33755

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Delete

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

3-13-2000

727-

449-2219

CR2E034 (9/99)