

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064284

1. Entity Name
DOUBLE G PRODUCTIONS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90124 015 ***150.00

Principal Place of Business
**8360 WEST FLAGLER ST
#203
MIAMI FL 33144**

Mailing Address
**8360 WEST FLAGLER ST
#203
MIAMI FL 33144-2042**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**1390 So Dixie Hwy
Suite, Apt. #, etc. 2207**

3. Mailing Address
**1390 So Dixie Hwy
Suite, Apt. #, etc. 2207**

City & State
Coral Gables - FL

City & State
Coral Gables - FL

4. FEI Number
61-0937968

Applied For
☐ Not Applicable

Zip
33146

Country
USA

Zip
33146

Country
USA

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

**GEREZ, ENRIQUE M
170 OCEAN LANE DR.
#404
KEY BISCAINE FL 33149**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
**PTD
GEREZ, ENRIQUE M
170 OCEAN LANE DRIVE #404
KEY BISCAINE FL 33149** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVD
GUTIERREZ, DANIEL R
170 OCEAN LANE DRIVE #404
KEY BISCAINE FL 33149** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 reports 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 information empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 668-8892
Date Daytime Phone #

CR2E034 1999