

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064843

1. Entity Name

TELEMOTION PRODUCTIONS, INC.

FILED

Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90118 045 \*\*\*150.00

Principal Place of Business

Mailing Address

599 GLENRIDGE ROAD  
KEY BISCAINE FL 33149

599 GLENRIDGE ROAD  
KEY BISCAINE FL 33149-1840

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 65-0990897

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

ABITANTE, JOHN L  
7700 N KENDALL DR #805  
MIAMI FL 33156

Name RENZO MAIETTO

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

City KEY BISCAINE FL Zip Code 33149

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 NAME PTD  
STREET ADDRESS SALAZAR, MARIA E  
CITY - ST - ZIP 599 GLENRIDGE ROAD  
KEY BISCAINE FL 33149 ☒ Delete

TITLE NAME VSD  
STREET ADDRESS SOTOLONGO, JORGE  
CITY - ST - ZIP 1676 SW 18 ST  
MIAMI FL 33145 ☒ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME PTD  
STREET ADDRESS RENZO MAIETTO  
CITY - ST - ZIP 599 GLENRIDGE RD  
KEY BISCAINE FL 33149 ☒ Change ☐ Addition

TITLE NAME VSD  
STREET ADDRESS SALAZAR MARIA E  
CITY - ST - ZIP 599 GLENRIDGE RD.  
KEY BISCAINE FL 33149 ☒ Change ☐ Addition

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

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

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)