2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P99000064886** GIRAL FILMS, INC. 03-22-2000 90023 018 ***158.75 Mailing Address Principal Place of Business 9381 E: BAY HARBOR DR., #301S 9381 E. BAY HARBOR DR., #301S MIAMI BEACH FL 33154-2335 MIAMI BEACH FL 33154 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GIRAL. SERGIO** Street Address (P.O. Box Number is Not Acceptable) 9381 E. BAY HARBOR DR., #301S MIAMI BEACH FL 33154 Zin 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 DATE 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 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE ☐ Change Addition ☐ Delete TITLE GIRAL, SERGIO NAME NAME 9381 E. BAY HARBOR DR., #301S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI BEACH FL 33154 ☐ Addition TITLE ☐ Change Delete TITLE PEREZ, ANTONIO NAME STREET ADDRESS STREET ADDRESS 2025 N.W. 8TH TERR. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33125** Change ☐ Addition Delete TITLE TITLE DOREGO, ARMANDO NAME NAME STREET ADDRESS STREET ADDRESS 9381 E. BAY HARBOR DR., #301S CITY-ST-ZIP CITY-ST-ZIF MIAMI BEACH FL 33154 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME 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:

72610 GIRAL SIGNATURE AND TYPED OR P MED NAME OF SIGNING OFFICER OR DIRECTOR