

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
 05-16-2001 90354 001 ***600.00

DOCUMENT # P99000080733

1. Entity Name
CACHE PRODUCTIONS, INC.

Principal Place of Business

617 DESOTO DRIVE
 MIAMI SPRINGS FL 33166

Mailing Address

617 DESOTO DRIVE
 MIAMI SPRINGS FL 33166

2. Principal Place of Business

3. Mailing Address

C/O J A D & COMPANY, P.A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3400 CORAL WAY, 6TH FL.

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

33145-3053

Country

U.S.A.

4. FEI Number

65-0951211

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

COSTA, HELEN C ESQ.
7330 WEST 20TH AVENUE
MIAMI LAKES FL 33016-1835

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

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, 2001 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 **PD** ☐ Delete
 NAME **MARRERO, ALEX CHRISTIAN**
 STREET ADDRESS **617 DESOTO DRIVE**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **S/D**
 STREET ADDRESS **BARQUIN, LOURDES**
 CITY-ST-ZIP **617 DE SOTO DRIVE**
MIAMI SPRINGS, FLORIDA 33166-6012

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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

/PRESIDENT-DIRECTOR 4/27/01 (305) 491-1200

Date

Daytime Phone #

CR2E034 (10/00)

72502



DO NOT WRITE IN THIS SPACE