

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081632

1. Entity Name

WIMDOK PRODUCTIONS, INC.

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90001 028 ***550.00

Principal Place of Business

Mailing Address

~~635 EUCLID AVENUE~~
~~SUITE 226~~
~~MIAMI BEACH FL 33139~~

~~635 EUCLID AVENUE~~
~~SUITE 226~~
~~MIAMI BEACH FL 33139~~

2. Principal Place of Business

3. Mailing Address

8630 Byron Ave. #4A
Suite, Apt. #, etc.

Same
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

MIAMI BEACH, FL

4. FEI Number

Applied For

65-0949254

Not Applicable

Zip

Country

Zip

Country

33141

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

BIANCHI, MACARENA

~~635 EUCLID AVENUE~~

~~SUITE 226~~

~~MIAMI BEACH FL 33139~~

Name

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

Same 8630 Byron Ave.
#4A

City

MIAMI BEACH

FL

Zip Code

33141

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 Director, Pres, VP, Treasurer
NAME MACARENA BIANCHI + Sec.
STREET ADDRESS 8630 Byron Ave. # 4A
CITY-ST-ZIP MIAMI, FL 33141

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 REQUIRED

8-8-00

305.867.3373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)