

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084349

1. Entity Name

COMUNICAR PRODUCTION, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90047 026 ***150.00

Principal Place of Business

Mailing Address

7370 NORTHWEST 36 STREET
SUITE-335E
MIAMI FL 33166

7370 NORTHWEST 36 STREET
SUITE 335E
MIAMI FL-33166-6741

2. Principal Place of Business

3. Mailing Address

4452 NW 74th Ave

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLORIDA

City & State

Zip Country

Zip
33166

Country
U.S.A.

4. FEI Number

65-0949396

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

COWAN, ANA JUDITH
7370 NORTHWEST 36 STREET
SUITE 335E
MIAMI FL 33166

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

4/10/00.

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	D	<input type="checkbox"/> Delete
NAME	NUNEZ, HECTOR	
STREET ADDRESS	7370 NORTHWEST 36 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 from all other like empowered.

SIGNATURE:

Hector Nunez, Owner / Director 4/10/00 - 786-4575002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)