

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095793

1. Entity Name  
EAREYE PRODUCTIONS, INC.

**FILED**  
**Aug 03, 2000 8:00 am**  
**Secretary of State**

08-03-2000 90036 001 \*\*\*550.00

Principal Place of Business  
15060 SW 149TH AVENUE  
MIAMI FL 33196

Mailing Address  
15060 SW 149TH AVENUE  
MIAMI FL 33196

2. Principal Place of Business  
13620 SW 102 CT.  
Suite, Apt. #, etc.

3. Mailing Address  
13620 SW 102 CT.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
65-0957657

Applied For  
Not Applicable

Zip  
33176

Country  
USA

Zip  
33176

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

FERNANDEZ, EDUARDO  
501 BRICKELL KEY DRIVE SUITE 400  
MIAMI FL 33131

## 7. Name and Address of New Registered Agent

Name  
Reyes Julio  
Street Address (P.O. Box Number is Not Acceptable)  
13620 SW 102 CT.  
City Miami FL Zip Code 33176

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 Julio Reyes Director 07-31-00  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, JULIO 15060 SW 149TH AVENUE MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, JIMENA 15060 SW 149TH AVENUE MIAMI FL 33196	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, JULIO 13620 SW 102 CT. MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, JIMENA 13620 SW 102 CT. MIAMI FL 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-31-00 (305) 971-9865  
Date Daytime Phone #

CR2E034 (5/00)