

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90429 046 ***150.00

DOCUMENT # P99000109215
 1. Entity Name
 Abyssal Studios Inc

Principal Place of Business Mailing Address
 PUB 120
 20547 OLD CUTLER RD
 MIAMI FL 33189

2. Principal Place of Business 3. Mailing Address
 PUB 120, 20547 OLD CUTLER RD PUB 120, 20547 OLD CUTLER RD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Miami FL Miami FL
 Zip Country Zip Country
 33189 USA 33189 USA

4. FEI Number Applied For
 65-0969115 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ARAGON ANTONIO
 PUB 120
 20547 OLD CUTLER RD
 MIAMI FL 33189

7. Name and Address of New Registered Agent
 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] DATE: _____
 (NOTE: Registered Agent signature required when reinstating)

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

TITLE PRES EDUARDO GUTIERREZ 30514 SW 155 COURT MIAMI FL 33033	<input type="checkbox"/> Delete
TITLE ANTONIO ARAGON VICE PRES 30514 SW 155 COURT MIAMI FL 33033	<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 PRES EDUARDO GUTIERREZ PUB 120, 20547 OLD CUTLER RD MIAMI FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VICE PRES ANTONIO ARAGON PUB 120, 20547 OLD CUTLER RD MIAMI FL 33189	<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

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] 05/01/00 (553) 2003
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)