

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90033 024 ***150.00

DOCUMENT # S69433

1. Entity Name
STUDIO 23 ANORANZAS, INC.

Principal Place of Business

~~247 23RD STREET~~
MIAMI BEACH FL 33139

Mailing Address

~~247 23RD STREET~~
MIAMI BEACH FL 33139-1713

2. Principal Place of Business

235 23 street

3. Mailing Address

235 23 street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL 33139

City & State

Miami Beach FL

4. FEI Number

65-0279042

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139-1713

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALARCON, HECTOR
4258 N MICHIGAN AVE **235 23 street**
MIAMI BEACH FL 33140 **Miami Beach FL 33139**

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, 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.

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ALARCON, HECTOR	247 23RD STREET 235 23 street	MIAMI BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	VPD	RUIZ, ERWIN	235 23 street	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Erwin Ruiz
ERWIN RUIZ *Vice-Pres*

4/7/00

Date

(705) 538-2400

Daytime Phone #

CR2E034 (9/99)