

2001 UNIFORM BUSINESS REPORT (UBR)

6/11

FILED
Jul 06, 2001 8:00 am
Secretary of State

06-19-2001 90437 030 ***550.00

DOCUMENT # **165126**

1. Entity Name

L.M. Productions inc.

Principal Place of Business

Mailing Address

11890 SW 8 St Ste 401
Miami, FL 33184

75673

2. Principal Place of Business

11890 SW 8 St

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

STE 401

City & State

Miami, FL

City & State

4. FEI Number

65-0362003

Applied For

Not Applicable

Zip

33184

Country

DANE

Zip

Country

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

Name

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

City

FL

Zip Code

Luis Maria
13102 NW 7 St
Miami, FL 33182

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 \$150.00
After MAY 1, 2001 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 ☐ Delete

President
Luis Maria
13102 NW 7 St
Miami, FL 33182

TITLE ☐ Change ☐ Addition

NAME ☐ Delete

Vice President
Sandra Hernandez
13102 NW 7 St
Miami, FL 33182

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Delete

13102 NW 7 St
Miami, FL 33182

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Delete

Miami, FL 33182

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Delete

CITY-ST-ZIP

STREET ADDRESS ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Sandra Hernandez)

Date

Office Phone #

6-12-01 (305) 228-3660

CR2E034 (11/00)