

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90171 004 ****61.25

DOCUMENT # N95000000268

1. Entity Name
ALHAMBRA MUSIC, INC.



Principal Place of Business
**7007 LOCH ISLE DR SOUTH
MIAMI LAKES FL 33014**

Mailing Address
**7007 LOCH ISLE DR SOUTH
MIAMI LAKES FL 33014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0565230**

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

**ATWOOD, JODY
7007 LOCH ISLE DRIVE SOUTH
MIAMI LAKES FL 33014**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D FERNANDEZ, ALDO**
STREET ADDRESS **1740 N.W. NORTHRIVER DR. #115**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Change ☒ Addition
NAME **P/D GOODE, KENNETH**
STREET ADDRESS **8680 SW 212 STREET #306**
CITY-ST-ZIP **MIAMI, FL 33189**

TITLE ☐ Delete
NAME **S/D ALVAREZ, JACKIE**
STREET ADDRESS **7260 SW 129TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☒ Addition
NAME **D CESAR BREA**
STREET ADDRESS **6460 SW 94 STREET**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete
NAME **T/D HYAMS, JOY**
STREET ADDRESS **5500 RIVIERA DRIVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
NAME **D DEWITT, NEISA**
STREET ADDRESS **10200 SW 62nd AVE**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Delete
NAME **V/D HAUSER, HELEN A**
STREET ADDRESS **3250 MARY STREET, SUITE 400**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **D IRWIN, MICHAEL**
STREET ADDRESS **6200 SW 135 TH STREET**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **P/D ATWOOD, JODY**
STREET ADDRESS **7007 LOCH ISLE DRIVE SOUTH**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HELEN ANN HAUSER** 2/5/03 (305) 442 4333

CR2E037 (10/02)