

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006095

1. Entity Name

THE SOUTH FLORIDA PERCUSSION COMPANY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90054 025 ****61.25

Principal Place of Business

Mailing Address

11707 SW 92 LANE
MIAMI FL 33186

11707 SW 92 LANE
MIAMI FL 33186-2103

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0791035

Applied For

Not Applicable

Zip

Country

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

MAZZEO, THOMAS H
11707 SW 92 LANE
MIAMI FL 33186

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
	D	MAZZEO, THOMAS H	11707 SW 92 LANE MIAMI FL 33186	☐					☐	☐
	D	LOPEZ, CLAUDIA	4595A SW 139 COURT MIAMI FL 33175	☐					☐	☐
	D	PERALTA, FELIX R	9512 SW 140 COURT MIAMI FL 33186	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

(305) 595-7111

Daytime Phone #

CR2E037 (9/99)