

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90769 006 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000044638

1. Entity Name
ROUTE-MIA AUDIO ENGINEERING, INC.



Principal Place of Business
15634 SW 96TH TERRACE
MIAMI, FL 33196

Mailing Address
15634 SW 96TH TERRACE
MIAMI, FL 33196

2. Principal Place of Business

8315 SW 72 Ave
Suite, Apt. #, etc.
214 B

3. Mailing Address

8315 SW 72 Ave
Suite, Apt. #, etc.
214 B

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33143

Country

MIAMI - Dade

Zip

33143

Country

MIAMI - Dade

6. Name and Address of Current Registered Agent

FIGUEROA, ALFREDO R
15634 SW 96TH TERRACE
MIAMI, FL 33196

4. FEI Number

65-1100829

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

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. 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's signature required when reinstating)

DATE

4-28-2003

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	FIGUEROA, ALFRED	
STREET ADDRESS	15634 SW 96TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	PD	☐ Delete
NAME	FIGUEROA, ALFREDO R	
STREET ADDRESS	15634 SW 96TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	SVD	☐ Delete
NAME	FIGUEROA, ILEANA L	
STREET ADDRESS	15634 SW 96TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE	VTD	☐ Delete
NAME	FIGUEROA, JAVIER J	
STREET ADDRESS	15634 SW 96TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2003

Date

Daytime Phone #

305-740-5661

CR2E034 (10/02)