## 1 UE:2260U

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

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DOCUMENT # P02000011749  1. Entity Name ATLAS MUSIC INC								Secretary of State 01-30-2003 90165 013 ***150.00				
Principal Place of Business 625 BILTMORE WAY 106 CORAL GABLES FL 33134  2. Principal Place of Business			Mailing Address 625 BILTMORE WAY 106 CORAL GABLES FL 33134  3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	e	,	City & State						El Number 059 1024		pplied For ot Applicable	]
Zip Country			Zip .			Country			Pertificate of Status Desired	\$8.75 Ad	ditional	
	6. Name	and Address of Current Re	enistere	ed Agent		Τ		7. N	ame and Address of New Registered			1
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GOMEZ, CARMEN L 625 BILTMORE WAY						Street Ad	ddress (P.	O. Bo	ox Number is Not Acceptable)			ľ
:;"	WUKE WAY					ļ						4
∵ 106												
CORAL GABLES FL 33134						City FL Zip Code					le	
	named entity		he purp	ose of changing its	registere	ed office or	registere	d age	ent, or both, in the State of Florida. I am	familiar with,	and accept	•
and obligat	nona or regist	crea agont.										ļ
SIGNATURE .	Signature typed	or printed name of registered agent and	title if onn	finable (NOTE	- Banistera	d Agent signatu	re required w	then rein	nstating) DATE			
	Signature, typeo	or printed name or registered agent and	I III G II GPP	(NOTE	. Hogistere		- equilec w	7.10.17.10.11	nistaling)	_		4
Afte	r May 1, 200	! FEE IS \$150.00 )3 Fee will be \$550.00 • Florida Department of \$	State						<ol><li>Election Campaign Financing Trust Fund Contribution.</li></ol>		00 May Be d to Fees	
10.		OFFICERS AND D	RECTO	RS	11.			ADD	DITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
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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 of 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 language and response to the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the r

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CONTROL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/63

302.441.888-

Daytime Phone #