# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 03, 2000 8:00 am**
**Secretary of State**
05-03-2000 90126 048 ***150.00

DOCUMENT # P96000098353

1. Entity Name

C.R. MUSICAL PRODUCTIONS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~7292 SAND LAKE RD.~~<br>~~SUITE 201~~<br>~~ORLANDO FL 32819~~<br>~~US~~ | ~~7292 SAND LAKE RD.~~<br>~~SUITE 201~~<br>~~ORLANDO FL 32819-5254~~<br>~~US~~ |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5805 Blue Lagoon Dr | 5805 Blue Lagoon Dr. |
| Suite, Apt. #, etc.: 150 | Suite, Apt. #, etc.: 150 |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33126 Country: US | Zip: 33126 Country: US |

4. FEI Number 59-3412458 ☐ 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 |
|---|---|
| DA SILVA, AMYLTO R<br>8903 LATREC AVE<br>#103<br>ORLANDO FL 32819 | Name: DA SILVA, CLAUDIO R<br>Street Address (P.O. Box Number is Not Acceptable): 3120 SW 192 Ave<br>City: Miramar FL Zip Code: 33029 |

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.

X SIGNATURE: [signature] CLAUDIO RIOS DA SILVA-Director DATE: 02/10/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>DASILVA, AMYLTO R<br>8903 LATREC AVE. #103<br>ORLANDO FL 32819 | ☐ Delete | PT<br>DA SILVA, Amylto R<br>7307 Ripley Ct<br>Orlando, FL 32836 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DASILVA, CLAUDIO R<br>10132 CULPEPPER CT.<br>ORLANDO FL 32819 | ☐ Delete | VP<br>DA SILVA, CLAUDIO R<br>3120 SW 192nd Ave<br>Miramar, FL 33029 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>AMARAL RIOS, ELAINE<br>10132 CULPEPPER CT.<br>ORLANDO FL 32819 | ☐ Delete | S<br>AMARAL RIOS, Eliane<br>3120 SW 192nd Ave<br>Miramar, FL 33029 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E034 (9/99)

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] CLAUDIO RIOS DA SILVA 02/10/2000 (305)266-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #