

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098353

1. Entity Name

C.R. MUSICAL PRODUCTIONS, INC.

Principal Place of Business

5805 BLUE LAGOON DR.
150
MIAMI FL 33126
US

Mailing Address

5805 BLUE LAGOON DR.
150
MIAMI FL 33126
US

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 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
8903 LATREC AVE
#103
ORLANDO FL 32819

Name DA SILVA, CLAUDIO R.

Street Address (P.O. Box Number is Not Acceptable)

3120 SW 192nd Ave

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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 PT ☒ Delete
NAME DASILVA, AMYLTO R
STREET ADDRESS 8903 LATREC AVE. #103
CITY-ST-ZIP ORLANDO FL 32819

TITLE PT ☒ Change ☐ Addition
NAME DA SILVA, CLAUDIO R.
STREET ADDRESS 3120 SW 192nd Ave
CITY-ST-ZIP Miramar, FL, 33029

TITLE VP ☒ Delete
NAME DASILVA, CLAUDIO R
STREET ADDRESS 10132 CULPEPPER CT.
CITY-ST-ZIP ORLANDO FL 32819

TITLE VP ☒ Change ☐ Addition
NAME AMARAL RIOS, ELIANE
STREET ADDRESS 3120 SW 192nd Ave
CITY-ST-ZIP Miramar, FL -33029

TITLE S ☒ Delete
NAME AMARAL RIOS, ELIANE
STREET ADDRESS 10132 CULPEPPER CT.
CITY-ST-ZIP ORLANDO FL 32819

TITLE S ☒ Change ☐ Addition
NAME AMARAL RIOS, ELIANE
STREET ADDRESS 3120 SW 192nd Ave
CITY-ST-ZIP Miramar, FL -33029

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/01

Date

(305)266-8511

Daytime Phone #

00039895



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)