FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91742 026 ***158.75

DOCUMENT # P97000025606 1

1. Entity Name
DOMINICAN RECORD SHOP INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
801 S. DIXIE HWY	801 S. DIXIE HWY
Suite, Apt. #, etc. # 813	Suite, Apt. #, etc. # 813
City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33060 Country	Zip 33060 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 650736762 — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MIRIAM L. ZAMORANO

Street Address (P.O. Box Number is Not Acceptable) 801 S. DIXIE HWY # 813

City POMPANO BEACH FL Zip Code 33060

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 _____ 5-9-02
Signature, type or print 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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIRIAM L. ZAMORANO 801 S. DIXIE HWY # 813 POMPANO BEACH FL 33060
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

MIRIAM L ZAMORANO 5-9-02 (954)7855944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number