2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056147

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elècts to do so.

UMBERT, ANGEL

MIRAMAR FL 33029

3553 SW 173RD TERRACE

(See criteria on back)

11.

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

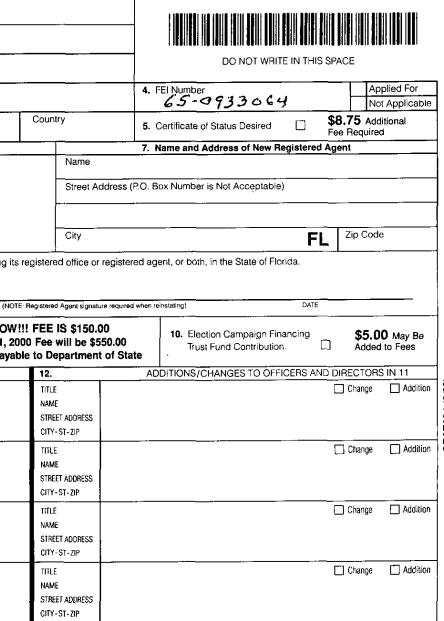
1. Entity Name

SOUTH BEACH SOUND SPECIAL EVENTS CONSULTANT, INC Principal Place of Business Mailing Address 3553 SW 173RD TERRACE 3553 SW 173RD TERRACE MIRAMAR FL 33029-1607 MIRAMAR FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country 6. Name and Address of Current Registered Agent Name UMBERT, ANGEL 3553 SW 173RD TERRACE MIRAMAR FL 33029 City 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

OFFICERS AND DIRECTORS

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90101 001 ***150.00



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 eath; 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 8lock 11 or 8lock 12 in 8lock 12 with an address, with all other like empowered.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition

Addition

☐ Change