

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103791

1. Entity Name

CONUCO RECORDS, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90045 037 ***150.00

A0064668

Principal Place of Business

6715 West 26th Drive
Bldg. 6 Apt. 102
Hialeah, FL 33016

Mailing Address

6715 West 26th Drive
Bldg. 6 Apt. 102
Hialeah, FL 33016

2. Principal Place of Business

4720 N.W. 114 Ave.

3. Mailing Address

4720 N.W. 114 Ave.

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL 33178

City & State

Miami, FL 33178

Zip

33178

Country

U.S.A.

Zip

33178

Country

U.S.A.

4. FEI Number

65-0881374

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VINAS, DAVID
6715 West 26th Drive
Bldg. 6, Apt. 102
Hialeah, FL 33016

7. Name and Address of New Registered Agent

Name

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

4720 N.W. 114 Ave.

Suite 106

City

Miami,

FL

Zip Code

33178

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, 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

TITLE PD
NAME CABRERAS, RUBEN
STREET ADDRESS 6715 West 26th Drive
CITY-ST-ZIP Hialeah, FL 33016 ☐ Delete

TITLE VD
NAME Cabreras, Ricardo
STREET ADDRESS 6715 West 26th Drive
CITY-ST-ZIP Hialeah, FL 33016 ☐ Delete

TITLE STD
NAME VINAS, DAVID
STREET ADDRESS 6715 West 26th Drive
CITY-ST-ZIP Hialeah, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CABRERA, RUBEN
STREET ADDRESS 4720 N.W. 114 Ave., Suite 106
CITY-ST-ZIP Miami, FL 33178 ☒ Change ☐ Addition

TITLE VD
NAME Cabrera, Ricardo
STREET ADDRESS 4720 N.W. 114 Ave., Suite 106
CITY-ST-ZIP Miami, FL 33178 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4720 N.W. 115 Ave.
CITY-ST-ZIP Miami, FL 33178 ☒ Change ☐ Addition

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE034 (9/99)