

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 456028**

1. Entity Name

MIAMI TAPE, INC.

Principal Place of Business

Mailing Address

550 W 84TH ST
HIALEAH FL 33014-3616
US550 W 84TH ST
HIALEAH FL 33014-3616
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, CARLOS
510 N.W. 32ND AVE.
MIAMI FL

Name

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

City

FL

Zip Code

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

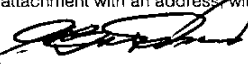
9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GARCIA, CARLOS
STREET ADDRESS 510 N.W. 32ND AVENUE
CITY-ST-ZIP MIAMI FL ☐ DeleteTITLE VP
NAME GARCIA, CARLOS
STREET ADDRESS 1820 SW 83 AVENUE
CITY-ST-ZIP MIAMI FL ☐ Change ☒ AdditionTITLE SD
NAME GONZALEZ, DARIO
STREET ADDRESS 1865 BRICKELL AVE APT 708
CITY-ST-ZIP MIAMI FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD
NAME PAGE, ROBERTO
STREET ADDRESS 550 W 84TH ST
CITY-ST-ZIP HIALEAH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD
NAME MORENO, JOSE A
STREET ADDRESS 17200 N.W. 86 AVENUE
CITY-ST-ZIP HIALEAH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME PAGE, JOSE
STREET ADDRESS 550 WEST 84TH ST
CITY-ST-ZIP HIALEAH FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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 all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS O. GARCIA PD

Date

1/5/01

Daytime Phone #

(305) 558-9211

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90082 050 ***150.00

00000001



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1552708**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (10/00)

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