

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90267 024 \*\*\*150.00

**DOCUMENT # K79191**

**1. Entity Name**  
**EXQUISITE SOUND PRODUCTIONS INC.**



**Principal Place of Business**

**6726 SW 130TH PLACE**  
**SUITE 1408**  
**MIAMI FL 33183**  
**US**

**Mailing Address**

**6726 SW 130TH PLACE**  
**SUITE 1408**  
**MIAMI FL 33183**  
**US**

**2. Principal Place of Business**

**13820 SW 28 Street**  
Suite, Apt. #, etc.

**3. Mailing Address**

**13820 SW 28 St.**  
Suite, Apt. #, etc.

**City & State**

**miami, FL**

**City & State**

**miami FL**

**Zip**

**33175**

**Country**

**USA**

**Zip**

**33175**

**Country**

**USA**

**4. FEI Number**

**65-0115177**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**10022226**



**6. Name and Address of Current Registered Agent**

**SALCEDO, JOSE**  
**6726 SW 130TH PLACE**  
**#1408**  
**MIAMI FL 33183**

**7. Name and Address of New Registered Agent**

**Name**

**Jose A. Salcedo**

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

**13820 SW 28 Street**

**City**

**miami**

**FL**

**Zip Code**

**33175**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**2/11/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SALCEDO, JOSE</b>	
<b>STREET ADDRESS</b>	<b>15371 SW 144TH STREET</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33196</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>Salcedo, Jose A.</b>	
<b>STREET ADDRESS</b>	<b>13820 SW 28 Street</b>	
<b>CITY-ST-ZIP</b>	<b>miami FL 33175</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/03**

Date

**(305) 226-3506**

Daytime Phone #

0319670 AV

CR2E034 (10/02)