

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000513**

1. Entity Name  
**PALMA REAL MUSIC CO., LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 21 AM 3:05

Principal Place of Business  
**814 PONCE DE LEON BLVD  
STE 400  
CORAL GABLES FL 33134**

Mailing Address  
**814 PONCE DE LEON BLVD  
STE 400  
CORAL GABLES FL 33134-3034**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0738550**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALMA REAL MUSIC, INC.  
814 PONCE DE LEON BLVD STE 400  
CORAL GABLES FL 33134**

Name

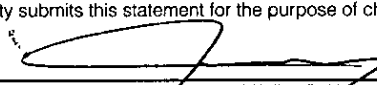
Street Address (P.O. Box Number is Not Acceptable)

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 

(NOTE: Registered Agent signature required when reinstating)

**Feb. 2/2000**  
DATE

9. Capital Contributions as Shown on record. **\$245,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P97000018294**  
NAME **PALMA REAL MUSIC, INC.**  
STREET ADDRESS **814 PONCE DE LEON BLVD**  
CITY - ST - ZIP **CORAL GABLES FL 33134**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**800003251108--3**

**05/12/00 01112-085**

**\*\*\*526.25 \*\*\*526.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Feb 2/2000 (305) 421-7090**  
Date Daytime Phone #

CR2E003 (9/99)