

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004199

1. Entity Name

SOUND COMMUNICATIONS CORPORATION

Principal Place of Business

10218 NW 44 TERRACE  
MIAMI FL 33178

Mailing Address

10218 NW 44 TERRACE  
MIAMI FL 33178

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

CORPORATE CREATIONS NETWORK INC.  
941 4TH STREET, 2ND FLOOR  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name Nolberto R. Farias

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

3731 N. Country Club Dr. #1924

City Aventura

FL

Zip Code 33180

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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/05/2001

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PCDS**  
STREET ADDRESS **FARIAS, CRISTHIAN**  
CITY-ST-ZIP **10218 NW. 44 TERRACE**  
**MIAMI FL 33178**

TITLE ☐ Delete  
NAME **TDVC**  
STREET ADDRESS **TUPPER, MICHAEL**  
CITY-ST-ZIP **5700 COLLINS AVENUE #10C**  
**MIAMI BEACH FL 33140**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT.

Date

Daytime Phone #

4/06/2001

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90161 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0225407

CR2E034 (10/00)