

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # F02000004293

1. Entity Name

GRAN VIA MUSICAL, INC



03 SEP 25 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1680 Michigan Ave

Suite, Apt. #, etc.

730

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Address

1680 Michigan Ave

Suite, Apt. #, etc.

730

City & State

MIAMI BEACH

Zip

33139

Country

USA

DO NOT WRITE IN THIS SPACE

09-08-03

01023 004

\$61.25

4. FEI Number

134137003

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARIELA ARROYO

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

1680 Michigan Ave

#730

City

MIAMI BEACH

FL

Zip Code

33139

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 of person providing name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
MECINO LUIS
1680 Michigan Ave #730
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEO
DANES, PEDRO
1680 Michigan Ave #730
MIAMI BEACH, FL 33139

TITLE
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CITY - ST - ZIP

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09/30/03--01049--007 **88.75

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO DANES

9/12/03

(305)
531-1355

Date

Daytime Phone #

CR2E034B (12/02)