

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004200

1. Entity Name

TU MUNDO MUSIC, INC.

2 376 012 601

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90075 013 \*\*\*150.00

Principal Place of Business

Mailing Address

2290 WEST 8TH AVE.  
HIALEAH FL 33010

2290 WEST 8TH AVE  
ATTN: TAX DEPARTMENT  
HIALEAH FL 33010-2017  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0543604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, ROLAND A	
STREET ADDRESS	2290 W 8TH AVE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	HOUSMAN, PETER J.	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	TORRES, OSVALDO F	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SADUSKY, VINCENT L	
STREET ADDRESS	2290 W. 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VPGC	<input checked="" type="checkbox"/> Delete
NAME	TORRES, OSVALDO F	
STREET ADDRESS	2290 WEST 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD J. BLANGIARDI	
STREET ADDRESS	2290 West 8th Avenue	
CITY-ST-ZIP	Hialeah, FL 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN C. ANTUNEZ	
STREET ADDRESS	2290 West 8th Avenue	
CITY-ST-ZIP	Hialeah, FL 33010	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT L. SADUSKY

VP, Finance 4-13-00 (305) 884-8200

Date

Daytime Phone #

CR2E034 (9/99)