

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001806

1. Entity Name

HERMES MUSIC INTERNATIONAL, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90104 043 ***158.75

Principal Place of Business

6119 NORTH WEST 72ND AVENUE
MIAMI FL 33166
US

Mailing Address

830 NORTH CAGE BLVD.
PHARR TX 78577
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 74-2389792

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLASKY, MARJORIE E ESQ
7103 SW 102ND AVE., #A
MIAMI FL 33173

7. Name and Address of New Registered Agent

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, 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 P
NAME SAAVEDRA, JORGE A ☐ Delete
STREET ADDRESS 2728 N 27TH
CITY-ST-ZIP MCALLEN TX 78501

TITLE V
NAME MORRISON, GREGORY ☐ Delete
STREET ADDRESS 604 JONQUIL
CITY-ST-ZIP MCALLEN TX 78501

TITLE DC
NAME KREIMERMAN, ALBERTO ☐ Delete
STREET ADDRESS 1404 E. BUSINESS
CITY-ST-ZIP MISSION TX 78572

TITLE COMPTROLLER/CFO
NAME JOEL JACOBSEN ☐ Delete
STREET ADDRESS HWY 107, 1/8 MI SO. CESAR CHAVEZ
CITY-ST-ZIP EDINBURG, TX 78539

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
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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:

Joel Jacobsen JOEL JACOBSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01
Date

956-781-8472x133
Daytime Phone #

CR2E034 (10/00)