

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90155 022 \*\*\*150.00

**DOCUMENT # F95000001806**

1. Entity Name  
**HERMES MUSIC INTERNATIONAL, INC.**



Principal Place of Business  
**9400 SOUTH DADELAND BLVD.  
SUITE 300  
MIAMI FL 33156  
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

☐ CHECK HERE IF MAKING CHANGES

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SAAVEDRA, JORGE A</b>	
STREET ADDRESS	<b>2728 N 27TH</b>	
CITY-ST-ZIP	<b>MCALLEN TX 78501</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MORRISON, GREGORY</b>	
STREET ADDRESS	<b>604 JONQUIL</b>	
CITY-ST-ZIP	<b>MCALLEN TX 78501</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> Delete
NAME	<b>KREIMERMAN, ALBERTO</b>	
STREET ADDRESS	<b>1404 E. BUSINESS</b>	
CITY-ST-ZIP	<b>MISSION TX 78572</b>	
TITLE	<b>CCEO</b>	<input type="checkbox"/> Delete
NAME	<b>JACOBSEN, JOEL</b>	
STREET ADDRESS	<b>HWY 107 1/8 M S CESAR CHAVEZ</b>	
CITY-ST-ZIP	<b>EDINBURG TX 78539</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Signature and typed or printed name of signing officer or director**  
**Joel Jacobsen**

**1/10/03 (950) 781-8472**

Date

Daytime Phone #

CR2E034 (10/02)