

5/15

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-19-2002 90181 037 ***150.00

DOCUMENT # F96000006658

1. Entity Name

BARBERIO MUSIC COMPANY

Principal Place of Business

6718 WESTFIELD
SAN ANTONIO TX 78227

Mailing Address

6718 WESTFIELD
SAN ANTONIO TX 78227

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

74-2142758

Applied For

Not Applicable

5. Certificate of Status Desired ☐
\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESLEY, TERREL**EXT 27, I-10 & U.S. HWY 90****MIDWAY FL 32343**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P BARBERIO, ERNEST J 104 CINNAMON OAK SAN ANTONIO TX 78230	☐ Delete
--	---	---------------------------------

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
--	--	---------------------------------

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

20-674-8171

Daytime Phone #

CR2E034 (9/01)