

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G98132**

1. Entity Name

ACAPULCO RECORDS DISTRIBUTORS, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90167 002 ***150.00

0099196

Principal Place of Business
10128 N.W. 80TH AVE.
HIALEAH GARDENS FL 33016

Mailing Address
10128 N.W. 80TH AVE.
HIALEAH GARDENS FL 33016

C0006449

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2430261		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLEGOS, JOSE A 584 NW 2ND ST FLORIDA CITY FL 33024 33034		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 State10. 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	VPD	TITLE	
NAME	GALLEGOS, ZOILA	NAME	
STREET ADDRESS	584 N.W. 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL 33034	CITY-ST-ZIP	
TITLE	DP	TITLE	
NAME	GALLEGOS, JOSE A	NAME	
STREET ADDRESS	584 N.W. 2ND ST	STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL 33034	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Jose A. Gallegos

1/09/01

Date

305.556-5044

Daytime Phone #

CR2E034 (10/00)