2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G98132

1. Entity Name

ACAPULCO RECORDS DISTRIBUTORS, INC.



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90037 007 ***150.00

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Principal Place of Business 10128 N.W. 80TH AVE. HIALEAH GARDENS FL 33016		Mailing Address 10128 N.W. 80TH AVE. HIALEAH GARDENS FL 33016		1 188 1111 181 181 181 181 181 181 181	1888 (1818 (88) 8888 8 1811 878)) (84814 88811 8 4811 1881	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK H	CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2430	261	Applied For Not Applicable	
Zip Country .		Zip	Country	5. Certificate of Status Des	ired	Additional	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of A	lew Registered Agent		
04115000 1005 4				Name			
GALLEGOS, JOSE A 15866 S W 284 ST			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
HOMEST	EAD FL 33033						
			City	Pair.		Code	
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing it	s registered office or reg	stered agent, or both, in the State	of Florida. I am familiar	with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent ar	nd title if applicable (NO	TE: Registered Agent signature rec	uired when rejectables	DATE		
		1		oneo whom realistating)	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 Campai Trust Fund Contri	·	5.00 May Be dded to Fees	
10.	OFFICERS AND D	DIRECTORS /	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECT	TORS IN 11	
TITLE	VPD	Delete	TITLE		☐ Chai		
NAME	- ILLEGOO, LOID!		NAME		_		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE	DP		CITY-ST-ZIP			į	
NAME	GALLEGOS, JOSE A	Delete	TITLE NAME		☐ Char	nge 🗌 Addition 8	
STREET ADDRESS	584 N.W. 2ND ST		STREET ADDRESS				
CITY-ST-ZIP	FLORIDA CITY FL 33034		CITY-ST-ZIP				
TITLE	VPD	☐ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Char	nge 🔲 Addition	
NAME -	Gallagos, SOILA		NAME	•			
STREET ADDRESS CITY-ST-ZIP	158665.W. 284 ST HOMESTEAD, FL 3303	•	STREET ADDRESS				
TITLE	HOMESTEAD, PL 3303	<u> </u>	CITY-ST-ZIP				
NAME	Salaras France	☐ Delete	TITLE NAME		☐ Chan	ige	
STREET ADDRESS	15066 S.W. 284 57		STREET ADDRESS				
CITY-ST-ZIP	DP GAILEYAS, JOSE A 18966 S.W. 284 ST HOMESTEAD, FL 3303	3	CITY-ST-ZIP				
TITLE	, -	☐ Delete	TITLE	······································	☐ Chan	ige	
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			\	
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete					
NAME		□ Delete	TITLE NAME		Chan	ge 🔲 Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			j	

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: X SIGNATURE TO SERVING OFFICER OR DIRECTOR Date Date Proper Bours Proper