

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K61806

1. Entity Name
HEAT WAVE MUSIC INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90105 011 ***150.00

Principal Place of Business
8055 W 21ST LANE
HIALEAH FL 33016
US

Mailing Address
1081 SW 143 CT
MIAMI FL 33184
US

2. Principal Place of Business

3. Mailing Address

8865 SW 27 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami, FL

Zip

Country

Zip
33165

Country

USA

4. FEI Number 65-0276681

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

JIMENEZ, ADALBERTO
1081 SW 143 CT
MIAMI FL 33184

Name ADALBERTO JIMENEZ

Street Address (P.O. Box Number is Not Acceptable)

8865 SW 27 St.

City Miami

FL

Zip Code 33165

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] Registered Agent & PTD

4-21-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME JIMENEZ, ADALBERTO
STREET ADDRESS 1081 SW 143 CT
CITY-STATE-ZIP MIAMI FL 33184 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8865 SW 27 St.
CITY-STATE-ZIP Miami, FL 33165

TITLE VSD
NAME MCNEELY-JIMENEZ, MARCIA P.
STREET ADDRESS 1081 SW 143 CT
CITY-STATE-ZIP MIAMI FL 33184 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 8865 SW 27 St.
CITY-STATE-ZIP Miami, FL 33165

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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

Date

Daytime Phone #

4-21-01 (305) 227-4890

CR2E034 (10/00)