

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90751 023 \*\*\*\*50.00

**DOCUMENT # L00000007638**

1. Entity Name

OYE MUSIC DISCO, L.C.



Principal Place of Business

13783 SW. 66 ST  
APT # 219  
MIAMI FL 33183  
US

Mailing Address

13783 SW. 66 ST  
APT # 219  
MIAMI FL 33183  
US

2. Principal Place of Business

13783 SW 66TH ST

Suite, Apt. #, etc.

A 219

City & State

MIAMI, FLORIDA

Zip

33183

Country

USA

3. Mailing Address

175 FONTAINEBLEAU BLVD,

Suite, Apt. #, etc.

1R-7

City & State

MIAMI, FLORIDA

Zip

33172

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1019972

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL ESQ  
201 SOUTH BISCAYNE BLVD.  
34 TH FLOOR, MIAMI CENTER  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ELIO TORRES

Street Address (P.O. Box Number is Not Acceptable)  
175 FONTAINEBLEAU BLVD, STE 1R-7

City MIAMI

FL

Zip Code

33172

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/21/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME TORRES, ELIO S  
STREET ADDRESS 13783 SW, 66 ST, APT # 219  
CITY-ST-ZIP MIAMI FL 33183

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS 175 FONTAINEBLEAU BLVD, STE 1R-7  
CITY-ST-ZIP MIAMI, FL 33172

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/21/03 x 786 4881347

CR2E083 (10/02)