

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90200 007 ****50.00

DOCUMENT # **L00000015307**
 1. Entity Name
CONCEPTO MUSICAL COMUSA, LLC
NOW: CONCEPTO MUSICAL COMUSA, LLC.

Principal Place of Business Mailing Address
15403 SOUTHWEST 68TH LANE
MIAMI, FL 33193 (CHANGED)

2. Principal Place of Business 3. Mailing Address
4888 NW 97th COURT **4888 NW 97th COURT**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

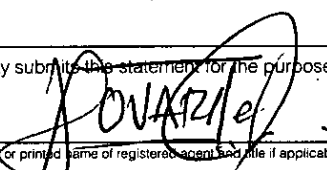
City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33178 USA **33178 USA**

4. FEI Number Applied For
65-1062644 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, PA
343 ALMEIDA AVENUE
CORAL GABLES, FL 33134
 (CHANGED)

7. Name and Address of New Registered Agent
 Name **JOSE G. TOVAR c/o ARIAS TOVAR**
 Street Address (P.O. Box Number is Not Acceptable)
& ASSOCIATES, P.A.
8180 NW 36th Street, Suite 100
 City **MIAMI** FL Zip Code **33166**

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  **JOSE G. TOVAR** DATE **23 APR 02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$50.00**
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	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MEMBER NELSON SANCHEZ
STREET ADDRESS		STREET ADDRESS	4888 NW 97th COURT
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33178
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	MEMBER HERMAN GRAZIANI
STREET ADDRESS		STREET ADDRESS	4888 NW 97th COURT
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33178
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	MANAGER IGNACIO ROMERO
STREET ADDRESS		STREET ADDRESS	4888 NW 97th COURT
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI, FL 33178
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **NELSON SANCHEZ** Date **23 APR 02** (305) 477-7104
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MEMBER** Daytime Phone #

CR2F034 (1/00)