

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90013 046 ****50.00

0000055

DOCUMENT # L01000012417**1. Entity Name**
KING MUSIC INVESTMENTS L.C.**Principal Place of Business****338 MINORCA AVE.**
CORAL GABLES FL 33134**Mailing Address****338 MINORCA AVE.**
CORAL GABLES FL 33134**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1154385Applied For
Not Applicable**5. Certificate of Status Desired** ☐**\$5.00** Additional
Fee Required**6. Name and Address of Current Registered Agent****CABEZA, MANUEL E**
338 MINORCA AVE.
CORAL GABLES FL 33134**7. Name and Address of New Registered Agent**Name **International Registered Agents Corporation**
Street Address (P.O. Box Number is Not Acceptable)
338 Minorca Avenue
City **Coral Gables** **FL** Zip Code **33134****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** Maria Elena Cabeza, President

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

(NOTE: Registered Agent signature required when reinstating)

February 21, 2002

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	CABEZA, MANUEL E	
STREET ADDRESS	338 MINORCA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	Mgr	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Quintero, Alvaro	
STREET ADDRESS	338 Minorca Avenue	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Alvaro Quintero, Manager **2/21/02 (305) 444-7282**

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

Date

Daytime Phone #

CR2E083 (9/01)