

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State
03-20-2000 90083 050 ***158.75

DOCUMENT # M61624

1. Entity Name

RTR RECORDS, INC.

Principal Place of Business

**444 BRICKELL AVE ST E51-292
MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVE ST E51-292
MIAMI FL 33131-2403**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

444 BRICKELL AVE ST E51 PMB 292

Suite, Apt. #, etc.

444 BRICKELL AVE ST E51 PMB 292

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131-2492

Country

USA

Zip

33131-2492

Country

USA

6. Name and Address of Current Registered Agent

**BRICKELL REGISTERED AGENT, INC.
1395 BRICKELL AVE
3RD FL
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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, 2000 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

TITLE **D**
NAME **LECKIE, ARNY**
STREET ADDRESS **444 BRICKELL AVE., SUITE 51-292**
CITY-ST-ZIP **MIAMI FL 33131**

☐ Delete

TITLE **PST**
NAME **LECKIE, ARNY**
STREET ADDRESS **444 BRICKELL AVE., SUITE 51-292**
CITY-ST-ZIP **MIAMI FL 33131**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

ARNY LECKIE

3/6/2000

Date

Daytime Phone #

CE - 004 (UBR)