

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000002436**

1. Entity Name

HALAL MUSIC MINISTRY, INC.**FILED**
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90373 017 ****70.00

Principal Place of Business

**500 EAST 51ST STREET
HIALEAH FL 33013**

Mailing Address

**500 EAST 51ST STREET
HIALEAH FL 33013**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 28486

Suite, Apt. #, etc.

City & State

Hialeah, FL. 33002

Zip

33002

Country

USA

4. FEI Number

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

**QUEVEDO, JOSEPH
500 EAST 51ST STREET
HIALEAH FL 33013**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

July 4, 2002**After September 13, 2002,
min. will be \$236.25.**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	QUEVEDO, JOSEPH	500 EAST 51ST STREET	HIALEAH FL 33013	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	ESCALANTE, RAUL	3969 WEST 9TH COURT	HIALEAH FL 33012	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	ALARCON, JORGE	197-01 NW 84TH COURT	HIALEAH FL 33015	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	ALARCON, MARLENE	197-01 NW 84TH COURT	HIALEAH FL 33015	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GUZMAN PENA, ELIO	825 SE 10TH PL.	HIALEAH FL 33010	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED****July 4, 2002 (305) 283-2815**