

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001986

1. Entity Name

CONTEMPORARY MUSIC COOPERATIVE CORP.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90072 019 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 833142
MIAMI FL 33283-3142

P.O. BOX 833142
MIAMI FL 33283-3142

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

65-0783684

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

CUTRERA, ANTHONY
9453 S.W. 76 STREET
APT. S-7
MIAMI FL 33173

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

FILE NOW:
FEE IS \$61.25

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 PT ☐ Delete
NAME CUTRERA, ANTHONY
STREET ADDRESS 14390 SW 98 TERR
CITY-ST-ZIP MIAMI FL 33186

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

TITLE V ☐ Delete
NAME BILLINGTON, ROBERT
STREET ADDRESS P.O. BOX 833142 (N/A)
CITY-ST-ZIP MIAMI FL 33283-3142

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

TITLE S ☐ Delete
NAME LETONA, MARIA
STREET ADDRESS P.O. BOX 833142 (N/A)
CITY-ST-ZIP MIAMI FL 33283-3142

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

TITLE D ☐ Delete
NAME KAM, DENNIS
STREET ADDRESS UNIVERSITY OF MIAMI SCHOOL OF MUSIC
CITY-ST-ZIP CORAL GABLES FL 33124

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

TITLE D ☐ Delete
NAME FLOYD, J. B. DR.
STREET ADDRESS 4841 S.W. 64 CT.
CITY-ST-ZIP MIAMI FL 33155

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

TITLE D ☐ Delete
NAME ACEBO, MANUEL
STREET ADDRESS 7384 S.W. 80 STREET, APT. #25
CITY-ST-ZIP MIAMI FL 33143

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

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:

Anthony Cutrera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/01 (305) 4086418

CR2E037 (10/00)