

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90236 022 ****61.25

DOCUMENT # N97000001986

1. Entity Name

CONTEMPORARY MUSIC COOPERATIVE CORP.



Principal Place of Business

**P.O. BOX 833142
MIAMI FL 33283-3142**

Mailing Address

**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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PT	<input type="checkbox"/> Delete
NAME	CUTRERA, ANTHONY	
STREET ADDRESS	14390 SW 98 TERR	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	V	<input type="checkbox"/> Delete
NAME	BILLINGTON, ROBERT	
STREET ADDRESS	P.O. BOX 833142 (N/A)	
CITY-ST-ZIP	MIAMI FL 33283-3142	
TITLE	S	<input type="checkbox"/> Delete
NAME	LETONA, MARIA	
STREET ADDRESS	P.O. BOX 833142 (N/A)	
CITY-ST-ZIP	MIAMI FL 33283-3142	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAM, DENNIS	
STREET ADDRESS	UNIVERSITY OF MIAMI SCHOOL OF MUSIC	
CITY-ST-ZIP	CORAL GABLES FL 33124	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, J. B. DR.	
STREET ADDRESS	4841 S.W. 64 CT.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACEBO, MANUEL	
STREET ADDRESS	7384 S.W. 80 STREET, APT. #25	
CITY-ST-ZIP	MIAMI FL 33143	

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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* **REQUIRED**

4/22/03 (305) 408 6418

CR2E037 (10/02)