

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003272

1. Entity Name

GUITAR ALLIANCE OF FLORIDA, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90356 039 ****61.25

0085443

Principal Place of Business

15634 SW 96TH TERRACE
MIAMI FL

Mailing Address

15634 SW 96TH TERRACE
MIAMI FL

2. Principal Place of Business

15634 SW 96TH TERRACE

3. Mailing Address

15634 SW 96TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33196

Country

Zip

33196

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, ALFREDO R
15634 SW 96TH TERRACE
MIAMI FL

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
GONZALEZ, RENE
13700 SW 78TH CT
MIAMI FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
FIGUEROA, ALFREDO R
15634 SW 96TH TERRACE
MIAMI FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CASTRILLO, EDGAR
7440 SW 59TH TERRACE SUITE 104
MIAMI FL 33155 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
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☐ Change ☐ Addition

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)