

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91234 023 ****61.25

DOCUMENT # *N 99000004829*

1. Entity Name

FOR THE LOVE OF MUSIC, CONCERT ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7757 NW 53 STREET

3. Mailing Address

7757 NW 53 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

DADE

Zip

33166

Country

DADE

4. FEI Number

65-0955604

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Camilo Rodriguez

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

9783 SW 68 STREET

City

MIAMI

FL

Zip Code

33173

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

FEE IS \$61.25

Initial or Amended UBR

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
*DIRECTORS
MR. IVAN PARRON
8925 COLLINS AVE APT 2A
SURFISIDE, FL. 33154*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DIRECTOR
MRS. NORMA PARRON
8925 COLLINS AVE. APT 2A
SURFISIDE, FL. 33154*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DIRECTOR
MRS. MARIA SOSA
888 BRICKELL KEY DR. APT. # 1012
MIAMI, FL. 33131*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*DIRECTOR
MRS. VICTORIA G. RATTIA
14732 SW 145 ST. CIRCLE
MIAMI, FL. 33196*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*TREASURER
CHARILYN RODRIGUEZ
9783 SW 68 ST
MIAMI, FL. 33173*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Camilo Rodriguez

4/28/02

305-596-4386

CR2E037B (12/01)