

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90500 021 ***150.00

DOCUMENT # P00000003165

1. Entity Name
PANDO MUSIC, INC.



Principal Place of Business
**5700 COLLINS AVENUE
APT. 14
MIAMI FL 33140**

Mailing Address
**5700 COLLINS AVENUE
APT. 14
MIAMI FL 33140**

2. Principal Place of Business

19766 E. Country Club DR

3. Mailing Address

pandomusic@aol.com

Suite, Apt. #, etc.

766

Suite, Apt. #, etc.

City & State
AVENTURA FL

City & State

4. FEI Number **69-0972678**

Applied For
Not Applicable

Zip
33180-2522

Country
USA

Zip

Country

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

**PANDO, FELIX RAMON
5700 COLLINS AVENUE
APT. 14
MIAMI FL 33140**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1.13.03

**FILE-NOW!!! FEE IS \$150.00.
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PANDO, FELIX RAMON**
STREET ADDRESS **5700 COLLINS AVE #14A**
CITY-ST-ZIP **MIAMI FL 33140**

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

TITLE **VPD** ☐ Delete
NAME **BUCCI DE PANDO, ALICIA ELSA**
STREET ADDRESS **5700 COLLINS AVE #14A**
CITY-ST-ZIP **MIAMI FL 33140**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.13.03/305 4661154

CR2E034 (10/02)