

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90001 050 ***158.75

DOCUMENT # P00000005987

1. Entity Name

MUSICAL CENTER INTERNATIONAL, INC.

825851

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6974 NW 12 Street

3. Mailing Address

6974 NW 12 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL 33126

City & State

Miami, FL 33126

4. FEI Number

65-1025127

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CORPCO, INC.

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

2699 South Bayshore Drive, 7th Floor

City

Miami

FL

Zip Code

33133

**DO NOT WRITE
IN THIS SPACE**

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.

CORPCO, INC.

SIGNATURE

William D. Robles
Signature, typed or printed name of registered agent and title if applicable

Vice President
(NOTE: Registered Agent signature required when reinstating)

2/17/02
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.20

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/S/T/D
NAME	Joao P. Farias
STREET ADDRESS	6974 NW 12 Street
CITY-ST-ZIP	Miami, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joao P. Farias
Date: *02/14/02* 305. 499. 9393
Daytime Phone #

CR2E034B (12/01)