

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90944 016 ***150.00

DOCUMENT # P00000011640

1. Entity Name
GENERATIONS MUSIC, INC.



Principal Place of Business
**2100 CORAL WAY, PH
MIAMI FL 33145**

Mailing Address
**P.O. BOX 143971
CORAL GABLES FL 33114**

2. Principal Place of Business
1825 Ponce de Leon Blvd

3. Mailing Address

Suite, Apt. #, etc.
Suite 325

Suite, Apt. #, etc.

City & State
Coral Gables, FL

City & State

Zip
33134

Country
USA

Zip

Country

4. FEI Number **36-4350154**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORDONEZ, RICARDO
2100 CORAL WAY, PH
MIAMI FL 33145**

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

02-26-03

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ORDONEZ, RICARDO
4580 N.W. 107 AVENUE
MIAMI FL 33178

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP
P
Ordonez, Ricardo
801 Brickell Key Blvd.. Apt. 1406
Miami FL 33131

☒ Change ☐ Addition

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CITY-ST-ZIP

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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

02-26-03

Date

305-798-1071

Daytime Phone #

CR2E034 (10/02)