

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

0051636 AV

DOCUMENT # P00000017791

1. Entity Name

ALL MUSIC CORPORATION

Principal Place of Business

**7106 NW 50 STREET
 MIAMI FL 33166**

Mailing Address

**7106 NW 50 STREET
 MIAMI FL 33166**

2. Principal Place of Business

5523 NW 72 Ave

Suite, Apt. #, etc.

3. Mailing Address

5523 NW 72 Ave

Suite, Apt. #, etc.

City & State

Miami, FL. 33166-5636

City & State

Miami, FL. 33166-5636

4. FEI Number

65-0987024

Applied For

Not Applicable

Zip

33166-5636

Country

Miami-Dade

Zip

33166-5636

Country

Miami-Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GASPARIN, ENIO
 7106 NW 50 STREET
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

GASPARIN, ENIO

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

5523 NW 72 Ave

City

Miami

FL

Zip Code

33166-5636

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

Enio Gasparin

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

Enio Gasparin

(NOTE: Registered Agent signature required when reinstating)

07-11-2001

DATE

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

**FILE NOW!!! FEE IS \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **GASPARIN, ENIO**
 STREET ADDRESS **404 SW 134 AVE. COURT**
 CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Enio Gasparin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-12-2001

(305) 887-0044

Date

Daytime Phone #

CR2E034 (5/01)