## 2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supp of the corporation or the rec changed, or on an attachr

SIGNATURE:

## May 20, 2002 8:00 am Secretary of State P00000019145 DOCUMENT # 1. Entity Name 05-20-2002 90351 001 \*\*\*308.75 VIBES MUSIC INTERNATIONAL, INC. Principal Place of Business Mailing Address 246 NE 199TH LN 246 NE 199TH LN MIAMI FL 33179 MIAM1 FL 33179 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable 7in Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RAPPEPORT, ANDREW Street Address (P.O. Box Number is Not Acceptable) 1221 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (9/01 ☐ Change Delete TITLE TITLE NAME NAME Vareris, Victoria STREET ADDRESS 12425 NE 13TH AVE..#4 STREET ADDRESS CITY-ST-7IP NORTH MIAMI FL 33161 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE PORTER, CLIF NAME NAME STREET ADDRESS STREET ADDRESS 246 NE 199TH LN CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33179 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP espolied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information part all port 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 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 the accuracy with all other like empowered.

**FILED**