

# 2001 UNIFORM BUSINESS REPORT (UBR)

09-10-2001 90045 011 \*\*\*150.00

P00000028219

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATION

01 OCT -3 AM 10:27

DOCUMENT # P00000028219

1. Entity Name  
FIDDLER RECORDS, INC.

Principal Place of Business  
~~2005 S. BISCAYNE DR., STE. 1200~~  
~~GRAND BAY PLAZA~~  
COCONUT GROVE FL 33133

Mailing Address  
~~2005 S. BISCAYNE DR., STE. 1200~~  
~~GRAND BAY PLAZA~~  
COCONUT GROVE FL 33133

INCORRECT ADDRESS



2. Principal Place of Business  
205 SHORE DRIVE SOUTH  
Suite, Apt. #, etc.

3. Mailing Address  
205 SHORE DRIVE SOUTH  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
COCONUT GROVE, FL  
Zip  
33133  
Country

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COCONUT GROVE, FL  
Zip  
33133  
Country

4. FEI Number 65 102 3218  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
FLEISHER, BRUCE H  
2005 S. BISCAYNE DR., STE. 1200  
~~GRAND BAY PLAZA~~  
COCONUT GROVE FL 33133  
CHANGE OF ADDRESS

7. Name and Address of New Registered Agent  
Name  
FLEISHER, BRUCE H.  
Street Address (P.O. Box Number is Not Acceptable)  
205 SHORE DRIVE SOUTH  
City  
COCONUT GROVE FL Zip Code  
33133

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 re-registering)

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 NAME STREET ADDRESS CITY-STATE-ZIP	D FLEISHER, AMY L 2005 S. BISCAYNE DR., STE. 1200 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FLEISHER, BRUCE H 2005 S. BISCAYNE DR., STE. 1200 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D FLEISHER, CAROL F 2005 S. BISCAYNE DR., STE. 1200 COCONUT GROVE FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FLEISHER, AMY L. 205 SHORE DRIVE SOUTH COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FLEISHER, BRUCE H. 205 SHORE DRIVE SOUTH COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	FLEISHER, CAROL F. 205 SHORE DRIVE SOUTH COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: CAROL F. FLEISHER 8-28-01 (305) 859-7999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

**BRUCE H. FLEISHER, P.A.**  
ATTORNEY AT LAW

BAYVIEW PLAZA  
3225 AVIATION AVENUE  
SUITE 300  
COCONUT GROVE, FLORIDA 33133

TELEPHONE (305) 859-7999  
FACSIMILE (305) 285-0699

Attachment  
# P00000028219  
775041

August 28, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: FIDDLER RECORDS INC.  
DOCUMENT # P0000028219

Dear Sir:

Our firm is the resident agent of the above corporation, and I am also an officer/director. Our office just received the enclosed notice. I called your office to inquire about the rate increase from \$ 150.00 to \$ 550.00, and was directed to correspond by mail.

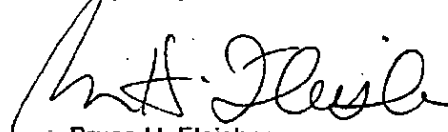
First, our office never received the UBR, it was mailed to the wrong address. Our former address was on Bayshore Drive. I do not believe there is a Biscayne Drive.

Second, the notice was forwarded to a law firm that our firm used to share office space with. The law firm forwarded this on to our new address.

I trust this explanation is satisfactory, and you will accept the normal \$ 150.00, Fee check enclosed

Please contact me for any questions or assistance you may need. Thank you for your anticipated courtesy and cooperation.

Very Truly Yours,

  
Bruce H. Fleisher

BHF:lnr

Enclosure