

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90054 030 ***150.00

DOCUMENT # P00000028887

1. Entity Name

Coral Gables Music Corp

Principal Place of Business

Mailing Address

1438 S Bayshore Ct, #301
 Coconut Grove FL 33133

2. Principal Place of Business

3. Mailing Address

1438 S. Bayshore Ct

Suite, Apt. #, etc

Suite, Apt. #, etc

301

City & State

City & State

Coconut Grove

Zip

Country

Zip

Country

33133

US

4. FEI Number

051013275

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Donna Holman
 171 NE 38th St
 Miami FL 33137

Name

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

1438 S. Bayshore Ct
 #301

City Coconut Grove FL 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, name or printed name of registered agent and title (if applicable)

Printed Registered Agent Signature required when changing

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 \$150.00

After MAY 1, 2001 Fee will be \$550.00

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	P	☐ Delete
NAME	Christopher Jester	
STREET ADDRESS	1438 S Bayshore Ct #301	
CITY-STATE-ZIP	Miami FL 33133	
TITLE	ST	☐ Delete
NAME	Denise Jester	
STREET ADDRESS	1438 S. Bayshore Ct #301	
CITY-STATE-ZIP	Miami FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.00(3)(b), 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 007, 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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S, T

4/30/01

305-668-9100

CR26004 (11/00)