

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000044351**

1. Entity Name

2U MUSIC PUBLISHING, INC.**FILED**
Mar 30, 2001 8:00 am
Secretary of State

03-13-2001 90006 003 ***150.00

Principal Place of Business

Mailing Address

11858 S.W. 97 TERR.
MIAMI FL 3318611858 S.W. 97 TERR.
MIAMI FL 33186**33506**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 832420

PO Box 832420

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

4. FEI Number

65-1006646

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

RODRIGUEZ, LILIBETH
1717 NOTH BAYSHORE DRIVE
PENTHOUSE 4055
MIAMI FL 33132

Name

Lilibeth Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
10791 SW 88 ST B307

PO Box 832420

City
Miami

FL

Zip Code
33176

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

Lilibeth Rodriguez

(NOTE: Registered Agent signature required when reinstating)

3/1/01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE SD
NAME RODRIGUEZ, LILIANA
STREET ADDRESS 11858 S.W. 97 TERR.
CITY-ST-ZIP MIAMI FL 33186
PO Box 832420
Miami FL 33283☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
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CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Lilibeth Rodriguez
PO Box 832420
Miami FL 33283
☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Lilibeth Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/01

Daytime Phone #

CR2E034 (10/00)