

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
 02-17-2002 90088 026 ***150.00

DOCUMENT # P00000044364

1. Entity Name
FLAKDEMIER MUSIC INC.

Principal Place of Business
 6586 WEST 15TH COURT
 HIALEAH FL 33012

Mailing Address
 6586 WEST 15TH COURT
 HIALEAH FL 33012

2. Principal Place of Business
 9740 SW 155 AVE
 Suite, Apt. #, etc.

3. Mailing Address
 9740 SW 155 AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Miami FL
Zip
 33196
Country
 USA

City & State
 Miami FL
Zip
 33196
Country
 USA

4. FEI Number 65-1010912
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VALENCIA, CAMILO
 6586 WEST 15TH COURT
 HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name VALENCIA, CAMILO
Street Address (P.O. Box Number is Not Acceptable)
 9740 SW 155 AVE
City Miami **FL** **Zip Code** 33196

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) 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, 2002 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 D ☐ Delete
NAME VALENCIA, CAMILO
STREET ADDRESS 6586 WEST 15TH COURT
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VALENCIA, CAMILO ☒ Change ☐ Addition
NAME
STREET ADDRESS 9740 SW 155 AVE
CITY-ST-ZIP Miami FL 33196

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 305 408 0555

Date Daytime Phone #

CR2E034 (9/01)