

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053706

1. Entity Name

WALL STREET MUSIC ENTERPRISES, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90037 023 \*\*\*150.00

Principal Place of Business

4557 STURGEON CT.  
ORLANDO FL 32835

Mailing Address

2152 SW 12TH ST.  
MIAMI FL 33135

2. Principal Place of Business

1750 N.W. 27<sup>th</sup> Ave.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

205

City & State

Miami, FL

City & State

Zip

33125

Country

USA

Zip

Country

4. FEI Number

65-101109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERO-PEDREGAL, LUIS  
2152 SW 12TH ST.  
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

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

City

FL

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's 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, 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	PD	<input type="checkbox"/> Delete
NAME	CASTRO, HERIBERTO	
STREET ADDRESS	4557 STURGEON CT.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JANSI, MIGDALIA	
STREET ADDRESS	5823 WENGATE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTRO, Heriberto	
STREET ADDRESS	1750 N.W. 27 <sup>th</sup> Ave. #705	
CITY-ST-ZIP	Miami, FL 33125	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel A. Miranda	
STREET ADDRESS	1750 NW 27 <sup>th</sup> Ave #705	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

CR2E034 (10/00)