

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068014

1. Entity Name

TRITON MUSIC, INC.

Principal Place of Business

407 LINCOLN ROAD SUITE 5B  
MIAMI BEACH FL 33139

Mailing Address

407 LINCOLN ROAD SUITE 5B  
MIAMI BEACH FL 33139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1024526

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRITO, GEORGE L  
407 LINCOLN ROAD SUITE 5B  
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

FEDERICO SECCI

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

800 WEST AVE. #635

City

Miami BEACH

FL

33139

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]*  
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, 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  
NAME SECCI, FEDERICO  
STREET ADDRESS 407 LINCOLN ROAD SUITE 5B  
CITY-ST-ZIP MIAMI BEACH FL 33139

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-20-01

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90942 001 \*\*\*300.00

66512



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)