

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90916 013 ***150.00

0144332

DOCUMENT # P00000070066

1. Entity Name

CARIBBEAN SOUND PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

8187 NW 8TH STREET
 #305
 MIAMI FL 33126

8187 NW 8TH STREET
 #305
 MIAMI FL 33126

2. Principal Place of Business

7200 NW 179 ST

3. Mailing Address

7200 NW 179 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#104

#104

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33015 U.S.A.

33015 U.S.A.

4. FEI Number

65-1026372

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

MONTENEGRO, EDGAR G
 8187 NW 8TH STREET
 #305
 MIAMI FL 33126

Name

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

7200 NW 179 ST #104

City

MIAMI

FL

Zip Code

33015

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)

04-23-01

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME MONTENEGRO, EDGAR
 STREET ADDRESS 8187 NW 8TH STREET #305
 CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE PD, VO, SD
 NAME MONTENEGRO EDGAR G.
 STREET ADDRESS 7200 NW 179 ST #104
 CITY-ST-ZIP MIAMI FL 33015 ☒ Change ☒ Addition

TITLE SD
 NAME RAMIREZ, ALEXANDRA
 STREET ADDRESS 8187 NW 8TH STREET #305
 CITY-ST-ZIP MIAMI FL 33126 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-01 (305)6093378

Date Daytime Phone #

CR2E034 (10/00)