

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90280 001 ***150.00

001/0/3 AB

DOCUMENT # P00000080663

1. Entity Name
FASAR MUSIC, INC.

Principal Place of Business

8665 BURTON WAY
312

~~LOS ANGELES CA 90048~~

US

Mailing Address

8665 BURTON WAY

312

~~LOS ANGELES CA 90048~~

US



2. Principal Place of Business

5600 COLLINS AVE

Suite, Apt. #, etc.

7N

City & State
MIAMI BEACH FL

Zip
33140

Country
US

3. Mailing Address

5600 COLLINS AVE

Suite, Apt. #, etc.

7N

City & State
MIAMI BEACH FL

Zip
33140

Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1034254

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-FRAGA P.A.

2100 SALZEDO STREET

SUITE 300

CORAL GABLES FL 33134

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 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
 NAME **D SARMIENTO, LUIS** Delete
 STREET ADDRESS **8665 BURTON WAY #312**
 CITY-ST-ZIP **LOS ANGELES CA 90048**

TITLE
 NAME **D FAID, VIRGINIA** Delete
 STREET ADDRESS **8665 BURTON WAY #312**
 CITY-ST-ZIP **LOS ANGELES CA 90048**

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D SARMIENTO LUIS** Change Addition
 STREET ADDRESS **5600 COLLINS AVE #7N**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE
 NAME **D FAID VIRGINIA** Change Addition
 STREET ADDRESS **5600 COLLINS AVE #7N**
 CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 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

4/10/02

Date

305-865-0619

Daytime Phone #

CR2E034 (9/01)