

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90184 028 ***150.00

DOCUMENT # P00000083547

1. Entity Name

SOUNDPROOF ENTERTAINMENT, INC.

Principal Place of Business

**1420 NW 33 STREET
 MAIMI FL 33142**

Mailing Address

**1420 NW 33 STREET
 MAIMI FL 33142**

H0057273

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

North Miami Beach

4. FEI Number

65-1037373

Applied For

Not Applicable

Zip

Country

33142 USA

Zip

Country

33140 USA

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

**JOHNSON, STANLEY E JR
 1444 BISCAYNE BLVD STE 230
 MIAMI FL 33132**

Name **NAKIA CARTWRIGHT**

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

1420 NW 33rd Street

City **MIAMI**

FL

Zip Code

33142

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, 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	<input type="checkbox"/> Delete
NAME	CARTWRIGHT, NAKIA	
STREET ADDRESS	1420 NW 33 STREET	
CITY-ST-ZIP	MAIMI FL 33142	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MENA, AMANADA	
STREET ADDRESS	1420 NW 33 STREET	
CITY-ST-ZIP	MAIMI FL 33142	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MENA, AKEYMI	
STREET ADDRESS	1420 NW 33 STREET	
CITY-ST-ZIP	MAIMI FL 33142	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKEYMI MENA	
STREET ADDRESS	1420 NW 33rd Street	
CITY-ST-ZIP	MAIMI, FL 33142	
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

4/29/2001
 Date

305 891 7223
 Daytime Phone #

CR2E034 (10/00)