2001 UNIFORM BUSINESS REPORT (UBR)

1/2!

FILED
May 03, 2001 8:00 am
Secretary of State
01-25-2001 90110 048 ***150.00
04-12-2001 90060 050 *****8.75

DOCUMENT # P00000101243

1. Entity Name
SOUNDS BY HERBIE, INC.

Principal Place of Business	Mailing Address
13360 NW 7TH AVE. NORTH MIAMI FL 33168	13360 NW 7TH AVE. NORTH MIAMI FL 33168

60045901

DO NOT WRITE IN THIS SPACE

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 65-1060733 ☐ 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
~~BENGOZI, EU~~ ~~4828 SHERIDAN ST.~~ ~~HOLLYWOOD FL 33021-3405~~	Name HERBERTO PEREZ Street Address (P.O. Box Number is Not Acceptable) 18960 NW 57 AVE City MIAMI LAKES 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] 4/6/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~BENGOZI, EU~~ ~~4828 SHERIDAN ST.~~ ~~HOLLYWOOD FL 33021-3405~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ P.S. HERIBERTO PEREZ 18960 N.W. 57 AVE #208 MIAMI LAKES, FL. 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PD~~ ~~MIKE BEY DAVID~~ ~~5273 S.W. 38 WAY~~ ~~HOLLYWOOD, FL. 33312~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T/D NORKA MARRERO 18960 NW 57 AVE APT 208 MIAMI LAKES FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] 4/6/01 305-685-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #