

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-15-2002 90084 030 ***158.75

DOCUMENT # P00000101243

1. Entity Name

SOUNDS BY HERBIE, INC. ✓

DO NOT WRITE IN THIS SPACE

90975

2. Principal Place of Business

13360 NW 7th AVENUE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

N MIAMI, FL. 33168

City & State

4. FEI Number

65-1060433

Applied For

Not Applicable

Zip

33168

Country

MIAMI-DADE

Zip

Country

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name NORKA MARRERO

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

18960 NW 57 Ave #208

City Miami Lakes

FL

Zip Code

33015

DO NOT WRITE
IN THIS SPACE

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 Norka

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/28/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PEREZ, HERBERTO
STREET ADDRESS	18960 NW 57th AVE # 208
CITY-ST-ZIP	MIAMI, LAKES, FL. 33015

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	STD
NAME	MARRERO, NORKA
STREET ADDRESS	18960 NW 57th AVE # 208
CITY-ST-ZIP	MIAMI LAKES, FL. 33015

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Norka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 (305) 685-116

Date

Daytime Phone #

CR2E034B (12/01)