

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 8:00 am**
Secretary of State

03-21-2001 90016 040 ***150.00

DOCUMENT # P00000101322**1. Entity Name**
AL'S UNDERGROUND SOUNDS CORP.**Principal Place of Business**
13950 S.W. 156TH TERRACE
MIAMI FL 33177**Mailing Address**
13950 S.W. 156TH TERRACE
MIAMI FL 33177**2. Principal Place of Business****3. Mailing Address** *PO Box*
770131

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
*MIAMI FL***4. FEI Number***65-1050-660*Applied For
Not Applicable

Zip

Country

Zip
*33177*Country
*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****PENA, ALBERTO R**
13950 S.W. 156TH TERRACE
MIAMI FL 33177

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	PENA, ALBERTO R	13950 S.W. 156TH TERRACE	MIAMI FL 33177	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VD	PENA, MANUELA	13950 S.W. 156TH TERRACE	MIAMI FL 33177	<input type="checkbox"/>
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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

Date

Daytime Phone #

CR2E034 (10/00)