FILED
May 07, 2001 8:00 am
May 07, 2001 8:00 am Secretary of State
05-07-2001 90046 040 ***150.00

1. Entity Nam	e IUSIC, INC.				Secretary 05-07-2001 90046			
Principal Plac	e of Business	Mailing Address		7				
9601 SW 142ND MIAMI FL 33186		9601 SW 142ND AVE. #923 MIAMI FL 33186			و دره د ده د	·		
Suite, Apt.	24	3. Mailing Address 2 45 5 7 Suite, Apt. #, etc.	15 ST		DO NOT WRITE IN TH			
City & State	AMI FZ	City & State	Pl	4. FEI	Number 5655	 	oplied For ot Applicable	
331	28 Country CA	Zip > 121	Country S. A	5. Cer	rtificate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Curre	ent Registered Agent	7 3 35, 20	7. Nar	ne and Address of New Registere		. <u>.</u>	
			Name	· · ·			·	
1149	Z, ANDRES W SW 27TH AVE, STE 305		Street Address ((P.O. Box Number is Not Acceptable)			
MIAM	II FL 33135		City		F	Zip Cod	e .	
	named entity submits this statemen	for the purpose of changing its re-	gistered office or registe	red agent	t, or both, in the State of Florida.			
SIGNATURE _	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Re	egistered Agent signature require	d when reinst	ating) DAT	E		
Tax filing re	ration is eligible to satisfy its Intangi equirement and elects to do so. a on back)	After MAY 1, 2001	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
11.	OFFICERS AN	ID DIRECTORS	12.	ADDI	TIONS/CHANGES TO OFFICERS A	ND DIRECTOR	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORATINOS, NESTOR L 9601 SW 142ND AVE, #923 MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORATINOS, NESTOR A 9601 SW 142ND AVE, #923 MIAMI FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
*TITLE NAME STREET ADDRESS CITY-ST-ZIP	్ వైస్తార్ పార్ స		TITLE NAME STREET ADDRESS CITY-ST-ZIP	— - ·	e parent a puis sui	مند		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE			☐ Change	Addition	

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: >

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition

☐ Delete