

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91386 032 ***150.00

DOCUMENT # *P00000112562*

1. Entity Name

LATIN FOLK Sound, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16771 SW 36 street

Suite, Apt. #, etc.

3. Mailing Address

16771 SW 36 street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIRAMAR

City & State

MIRAMAR

4. FEI Number

65-1066593

Applied For

Not Applicable

Zip

FL

Country

33027

Zip

FL

Country

33027

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

GBS CONSULTANTS

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

1290 Weston Rd Suite 306

City

Weston

FL

Zip Code

33326

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

MARIA A. DIAZ

04/30/02

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) ☐

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME

*PSTD
RAYO, ELVIRA
16771 SW 36 street
Miramar FL 33027*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

*VP.
HERNAN ALZATE
16771 SW 36 Street
Miramar FL 33027*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *x*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)