

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113845

1. Entity Name

EL EDEN CHRISTIAN MUSIC AND MORE, INC.

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90155 040 ***150.00

Principal Place of Business

Mailing Address

2610 NW 20TH ST.
MIAMI FL 33150

2610 NW 20TH ST.
MIAMI FL 33150

2. Principal Place of Business

2610 N.W. 21 Ter

3. Mailing Address

2610 N.W. 21 Ter

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

miami, FL

4. FEI Number

657090625

Applied For

Not Applicable

Zip

33142

Country

Zip

33142

Country

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

BETANCUR, WILLIAM

2610 NW 20TH ST.

MIAMI FL 33150

Name

William Betancur

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

161 N.W. 85 St

City

miami

FL

Zip Code

33150

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BETANCUR, WILLIAM
STREET ADDRESS 2610 NW 20TH ST.
CITY-ST-ZIP MIAMI FL 33150

TITLE D ☒ Change ☐ Addition
NAME William Betancur
STREET ADDRESS 161 N.W. 85 St
CITY-ST-ZIP Miami, FL 33150

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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)