4/17

FILED
Jun 15, 2001 8:00 am
Secretary of State
04-17-2001 90080 043 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001447

1. Entity Name
ACAPULCO MUSICAL CORPORATION INC.

(U)

Principal Place of Business	Mailing Address
4522 PALM BEACH BLVD. FT. MYERS FL 33905	4522 PALM BEACH BLVD. FT. MYERS FL 33905

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	3265 Royel Palm AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Fort Myer FL.
Zip / Country	Zip: 33901 / Country: Lee County

4. FEI Number: 65-1062844 ☐ Applied For ☐ Not Applicable

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
MESLH, HAKAM 4522 PALM BEACH BLVD. FT. MYERS FL 33905	Name: JAMIL SHADIA Street Address (P.O. Box Number is Not Acceptable): 3265 Royal Palm Ave Ft. Myers City: Ft Myers FL Zip Code: 33901

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: Shadia Jamil — DATE: 6/06/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	D ☐ Change ☑ Addition
NAME	MESLH, HAKAM	NAME	JAMIL SHADIA
STREET ADDRESS	4522 PALM BEACH BLVD.	STREET ADDRESS	3265 Royal Palm Ave
CITY-ST-ZIP	FT. MYERS FL 33905	CITY-ST-ZIP	Ft Myers FL 33901
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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: Hakam — 04-10-01 — (941) 694-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #