



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90109 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000001447 1. Entity Name ACAPULCO MUSICAL CORPORATION INC.			
Principal Place of Business 4522 PALM BEACH BLVD. FT. MYERS, FL 33905		Mailing Address 3265 ROYAL PALM AVENUE FORT MYERS, FL 33901	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1062844		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESLH, HAKAM 4522 PALM BCH BLVD FORT MYERS, FL 33905		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when changing)</small> DATE _____			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MESLH, HAKAM 4522 PALM BEACH BLVD. FT. MYERS, FL 33905 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other (one) empowered.			
SIGNATURE: 		4/4/03 239 6949999	

Attachment 70055102
PO1000001447



DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

Jim Zingale
Executive Director

APRIL 23, 2003

FLORIDA DEPARTMENT OF STATE
P.O. BOX 6327

TALLAHASSEE, FL 32314

CK#814
AMT:\$150.00
SCREENER:1391

We are returning remittance (s) listed below for the following reasons, as indicated by an X.

XX Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

Unable to identify- if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

If this is in payment of Federal taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title & Registration at (850) 488-3881.

Postal Damage- Your remittance has been damaged by the postal process. We are returning your damaged property. Please complete and forward the enclosed coupon with your response.

Other:

SENT FOR HAKAM M. MESLH, FT. MYERS, FL 33916.

Please include this correspondence and any postmarked envelope(s) along with your response to:

Florida Department of Revenue
Return & Revenue Processing
5050 W. Tennessee Street, Bldg k
Tallahassee, FL 32399-0100