

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90108 001 ***150.00

DOCUMENT # P01000015425

1. Entity Name
RES' HOUSE RECORDS, INCORPORATED



Principal Place of Business
950 NW 141ST AVE., #108
PEMBROKE PINES FL 33028

Mailing Address
PO BOX 278822
MIRAMAR FL 33027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3921 SW 186th Ave
City & State
Miramar Florida

Suite, Apt. #, etc.

City & State

4. FEI Number 58-2620807

Applied For
Not Applicable

Zip
33029
Country
USA

Zip
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

LEWIS, YOLANDA
950 NW 141ST AVE., #108
PEMBROKE PINES FL 33028

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

3921 SW 186th Ave
City Miramar FL FL Zip Code 33029

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/03

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LEWIS, YOLANDA
STREET ADDRESS 950 NW 141ST AVE., #108
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☒ Change ☐ Addition
NAME 3921 SW 186th Ave
STREET ADDRESS Miramar FL 33029
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LEWIS, NIGEL
STREET ADDRESS 950 NW 141ST AVE., #108
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☒ Change ☐ Addition
NAME 3921 SW 186th Ave
STREET ADDRESS Miramar FL 33029
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 954 442 2919
Date Daytime Phone #

CR2E034 (10/02)