5/14

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Jun 04, 2002 8:00 am
Secretary of State
05-14-2002 90277 044 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000059631

1. Entity Name

MR. SOUND

DO NOT WRITE IN THIS SPACE

91322

2. Principal Place of Business	3. Mailing Address
715 SW 148TH AVE	715 SW 148 TH AVE
Suite, Apt. #, etc. #602	Suite, Apt. #, etc. #602
City & State SUNRISE FL	City & State SUNRISE FL
Zip 33325 Country	Zip 33325 Country

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4. FEI Number 65-1113414

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name DEVIS VARGAS

Street Address (P.O. Box Number is Not Acceptable) 715 SW 148TH AVE #602

City SUNRISE FL 33325

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 ______ PRESIDENT 6/03/2002

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

[illegible] of State

10. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE PRESIDENT NAME DEVIS VARGAS STREET ADDRESS 8592 NW 70 STREET CITY-ST-ZIP MIAMI FL 33166	TITLE PRESIDENT NAME DEVIS VARGAS STREET ADDRESS 715 SW 148 TH AVE #602 CITY-ST-ZIP SUNRISE FL 33325
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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 [illegible] attachment with an address, with all other like empowered.

SIGNATURE: ______ PRESIDENT 6/3/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR