

2004

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90059 014 ***150.00

DOCUMENT # P01000063483
1. Entity Name Manny Kuts & Music Corp.

DO NOT WRITE IN THIS SPACE

94043487

2. Principal Place of Business 2290 N.W. 28th St. Suite, Apt. #, etc. Suite A City & State Miami, FL Zip 33142-5900	3. Mailing Address 2290 N.W. 28th St. Suite, Apt. #, etc. Suite A City & State Miami, FL Zip 33142-5900
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1115970	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Mendez, Alice S.	
Street Address (P.O. Box Number is Not Acceptable) 890 N.E. 164th St.	
City North Miami Beach	Zip Code FL 33162

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Mendez, Placido 890 N.E. 164th St. North Miami Beach, FL 33162
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Mendez, Alice S. 890 N.E. 164th St. North Miami Beach, FL 33162
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Alice S. Mendez

305-638-2306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #