

2003

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90173 033 \*\*\*150.00

**DOCUMENT #** P01000063483

1. Entity Name

Manny Kuts &amp; Music Corp.

**DO NOT WRITE IN THIS SPACE**

11009718

2. Principal Place of Business

2290 N.W. 28th St.

Suite, Apt. #, etc.

Suite G

City &amp; State

Miami, FL

3. Mailing Address

2290 N.W. 28th St.

Suite, Apt. #, etc.

Suite G

City &amp; State

Miami, FL

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-1115970

Applied For

Not Applicable

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

FL

Zip Code  
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 \$550.00

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	D/P
NAME	Mendez, Placido
STREET ADDRESS	890 N.E. 164th St.
CITY - ST - ZIP	North Miami Beach, FL 33162

TITLE	D/S/T
NAME	Mendez, Alice S.
STREET ADDRESS	890 N.E. 164th St.
CITY - ST - ZIP	North Miami Beach, FL 33162

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**DO NOT WRITE IN THIS SPACE**

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

Alice S. Mendez

Date

305-638-2306

Daytime Phone #