

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90021 030 ***150.00

DOCUMENT # P01000073644

1. Entity Name
HISTERIA RECORDS CORPORATION

Principal Place of Business
1177 NW 171 TERRACE
PEMBROKE PINES FL 33028

Mailing Address
1177 NW 171 TERRACE
PEMBROKE PINES FL 33028

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

65-1132210

Applied For

Not Applicable

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

TOVAR DEL CORRAL, JOSE G
TOVAR & COMPANY PA
9900 STIRLING ROAD SUITE 222
HOLLYWOOD FL 33024

Name **ROJO, FERNANDO**

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

1177 N.W. 171 TERRACE

City **PEMBROKE PINES**

FL

Zip Code **33028**

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.

SIGNATURE *Fernando Rojo*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/2002

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **ROCHA, FERNANDO ROJO**
 STREET ADDRESS **1177 NW 171 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **PDT** ☐ Change ☒ Addition
 NAME **ROJO, FERNANDO**
 STREET ADDRESS **1177 N.W. 171 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **SD** ☒ Delete
 NAME **DUHAMEL, JEFFERSON MAX C**
 STREET ADDRESS **1177 NW 171 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **DS** ☐ Change ☒ Addition
 NAME **SARMIENTO, CLAUDIA**
 STREET ADDRESS **1177 N.W. 171 TERRACE**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 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

1/8/2002

Date

954-3221172

Daytime Phone #

CR2E034 (9/01)