


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/12/2003-90092-032-\$163.75-\$163.75

0024431 AV

DOCUMENT # P01000085294

1. Entity Name
CIOCAN MUSIC, INC.



03 OCT 10 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 8757 NORTHWEST 189TH TERRACE, MIAMI FL 33018

Mailing Address: 8757 NORTHWEST 189TH TERRACE, MIAMI FL 33018


2. Principal Place of Business: 1920D NW 89TH COURT, MIAMI FL

3. Mailing Address: 1920D NW 89TH COURT, MIAMI FL 33018

City & State: Miami Florida

City & State: 33018

Zip: 33018 Country: US



REINSTATEMENT 03

CHECK HERE IF MAKING CHANGES

4. FEI Number: 607133962

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	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145		Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PTD NAME: CANCIO, HUGO M STREET ADDRESS: 8757 NORTHWEST 189TH TERRACE CITY-ST-ZIP: MIAMI FL 33018	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: CANCIO, VMANKA STREET ADDRESS: 8757 NORTHWEST 189TH TERRACE CITY-ST-ZIP: MIAMI FL 33018	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *[Signature]* DATE: 09/10/2003 (305) 829-3777

REINSTATEMENT REQUIRED

CR2E034 (4/03)

9/10/13

Attachment #

90156668
PO1000085294

WE DID NOT RECEIVED THE PRIOR NOTICE

OUR BUSINESS ADDRESS HAS CHANGED

OUR NEW ADDRESS IS 19250 NW 89TH COURT

MIAMI FL 33078

ENCLOSED PLEASE FIND OUR FILING FEES

PLUS \$ 8.75 ADDITIONAL PLUS \$ 5.00 CONTRIBUTION

Kind regards

CIOCAR MERIC

V. Canlid