

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096978

1. Entity Name  
HEY CHUBBY MUSIC, INC.Principal Place of Business  
9130 SOUTH DADELAND BOULEVARD, #1800  
MIAMI FL 33156Mailing Address  
9130 SOUTH DADELAND BOULEVARD, #1800  
MIAMI FL 33156

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City &amp; State      City &amp; State

Zip      Country      Zip      Country

4. FEI Number  
**22-3836731**      Applied For  
Not Applicable5. Certificate of Status Desired       \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BERCUSON, DAVID  
9130 SOUTH DADELAND BOULEVARD, #1800  
MIAMI FL 33156

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      Zip Code  
**FL**

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

DAVID BERCUSON

4-1-02

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

(NOTE: Registered Agent signature required when reinstating)

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 State10. Election Campaign Financing  
Trust Fund Contribution       \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GARCIA, JOSE D**  
9130 SOUTH DADELAND BOULEVARD, #1800  
MIAMI FL 33156TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE       Change       Addition  
NAME  
STREET ADDRESS  
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 DIRECTOR3/11/2002      383670-0018  
Date      Daytime Phone #

CR2E034 (9/01)