

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State

03-06-2003 90088 027 ***158.75

DOCUMENT # P01000103013

1. Entity Name
MUSIC IN YOUR HANDS PRODUCTIONS, INC.



Principal Place of Business
**9654 SW 99TH ST.
MIAMI FL 33176**

Mailing Address
**9654 SW 99TH ST.
MIAMI FL 33176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1147522**

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

~~CALLE, VICENTE E~~
**9654 SW 99TH ST.
MIAMI FL 33176**

Name **Ochoa, Josefina R.**

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 *Josefina Ochoa*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D**
NAME **CALLE, VICENTE E** ☒ Delete
STREET ADDRESS **9654 SW 99TH ST.**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **D**
NAME **OCHOA, JOSEFINA R.** ☐ Change ☒ Addition
STREET ADDRESS **9654 SW 99 ST.**
CITY-ST-ZIP **Miami, FL 33176**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE **O**
NAME **VICENTE E. CALLE** ☒ Change ☐ Addition
STREET ADDRESS **9654 S.W. 99 ST.**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE: *Josefina Ochoa* **SIGNATURE REQUIRED**

SIGNATURE MUST BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03 *305-226-4761*

Date

Daytime Phone #

CR2E034 (10/02)