

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

09-30-2002 90179 047 ***150.00

DOCUMENT # P01000111736

1. Entity Name
EL COQUI MUSIC CENTER, INC.

Principal Place of Business

**4010 NORTH BLVD
TAMPA FL 33603**

Mailing Address

**4010 NORTH BLVD
TAMPA FL 33603**

2. Principal Place of Business

8300 North Florida Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa Florida

City & State

4. FEI Number

59-3755231

Applied For

Not Applicable

Zip

Country

33604 USA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AYES, ISRAEL
4010 NORTH BLVD
TAMPA, FL 33603**

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **DP** ☐ Delete
NAME **AYES, ISRAEL**
STREET ADDRESS **4010 NORTH BLVD**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE **DST** ☐ Delete
NAME **AYES, MARISOL**
STREET ADDRESS **4010 NORTH BLVD**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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

9-25-02 (813) 843-5538

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Jr. #01000111736
018452

September 26, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

SUBJECT: UNIFORM BUSINESS REPORT

This is to inform your department that my corporation has not received prior notices of the Uniform Business Report. Attached is a company check for the original amount of \$150.00 to cover the appropriate filing fees.

Thank you,

Israel Ayes
El Coqui Music Center, Inc.