2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P02000026314

1. Entity Name

HI KEY MUSIC, INC.



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90203 022 ***150.00

			100.1	5.			
Principal Place of Business 438 ALMERIA AVENUE CORAL GABLES FL 93194		Mailing Address 436 ALMERIA AVENUE CORAL GABLES FL 33134					
2. Principal i	Place of Business トクのスピークモーレビーの	3. Mailing Address					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKI	NG CHANGES	3
City & Sta	te	City & State		4. FEI Numbe	er - 0401051	——————————————————————————————————————	Applied For
Zip Country 33146 USA		Zip Country			of Status Desired	\$8.75 Ac Fee Requir	dditional
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New Registers	d Agent	
	ORTIZ, LISSETTE ESQ. JGLAS ROAD, PENTHOUSE 6-		Street Address (F		DUEL BERBERIAN P.O. Box Number is Not Acceptable) ALMERIA AVENUE		
-CORAL CABLES FL 33134-					7_1		
			City	RAL GA	BLES F	L Zip Coo	ie /34
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	MANUEL BEABER Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating)	DATI		<u>vas</u>
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of 9	State		1	ection Campaign Financing st Fund Contribution.		00 May Be of to Fees
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/	CHANGES TO OFFICERS A	ND DIRECTOR	S ÎN 11
TITLE	PRESIDENT	☐ Delete	TITLE			Change	Addition
NAME	MANUEL BERG	BERIAN	NAME				
STREET ADDRESS CITY-ST-ZIP	436 ALMERIA CORAL GABLES	FL 33134	STREET ADDRESS CITY-ST-ZIP	S€€	ADDITION	125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDEN MARINA BERB 436 ALMERIA CORAL GABLE	T □ Delete SERIAN AVENUE	TITLE NAME STREET ADDRESS City-S1-Zip	LIST	ADDITION ED TO LEFT (10)	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		Change	☐ Addition
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indicated of the cor,	certify that the information supplied with the on this report or supplemental report is troporation or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	sionature shall have :	the same legal effect	as if made under oath, that	Lam an officer	or director