

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90742 040 ***158.75

0277497 AV

DOCUMENT # P02000060098

1. Entity Name
HYDEOUTT RECORDZ INC.



Principal Place of Business
**76 N.E. 173RD ST.
NORTH MIAMI BEACH FL 33162-1733**

Mailing Address
**76 N.E. 173RD ST.
NORTH MIAMI BEACH FL 33162-1733**

2. Principal Place of Business
76 N.E. 173rd St
Suite, Apt. #, etc.

3. Mailing Address
**641269th
P.O. BOX**
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
North Miami Beach FL, miami FL,
Zip
33142-1733 Country
US

City & State
miami FL,
Zip
33144 Country
US

4. FEI Number
06-1662531 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHERY, JEAN L
950 9TH ST.
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name
JEAN L-CHERY
Street Address (P.O. Box Number is Not Acceptable)
950 9th STREET #5
miami B. FL 33239
City
FL Zip Code
33239

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D CHERY, RAROLFSKY 76 N.E. 173RD ST. NORTH MIAMI BEACH FL 33162-1733	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERY, MARADONA 665 N.E. 163RD ST. NORTH MIAMI BEACH FL 33162-1733	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2003 (508) 798-5719
Date Daytime Phone #

CR2E034 (10/02)