# **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

# P02000107453 **DOCUMENT #**

1. Entity Name SOUND STORE CORPORATION

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Principal Place of C/O 407 LINCOLN MIAMI BCH FL 33	RD STE 11-L	C/O 407 LINCO	Mailing Address C/O 407 LINCOLN RD STE 11-L MIAMI BCH FL 33139						
2. Principal Place	of Business	3. Mailing Addre	ess	T CONTINUE STATE STATE STATE					
Suite, Apt. #, e	tc.	Suite, Apt. #, e	etc.	☐ CHECK HERE IF  4. FEI Number 52-3386381					
City & State	<del></del>	City & State							
Zip	Country	Zip	Count	ry		ficate of Status Desired			
	6. Name and Address of Cu	rrent Registered Agent			7. Name	and Address of New Rec			
ODČU A NEL	000	7		Name	-				
ODELLA, NEL 407 LINCOLN			Street Address			(P.O. Box Number is Not Acceptable)			
MIAMI BCH F			,						
the obligations	ned entity submits this statem of registered agent.								
Signi	ature, typed or printed name of registere	agent and little if applicable.	(NOTE: Registered	Agent signature requi	red when reinstati	ng) —			
. After Ma	NOW!!! FEE IS \$150.0 by 1, 2003 Fee will be \$55 syable to Florida Departm	0.00				<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>			
10.		AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC				
TITLE 1	T								

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2. Principal F	Place of Busine	3. Mailing Address					4 (00)(00) (4) 00)(0 (30)( 00)( 0					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4	. FEI	Number 9386381		_ <del>                                    </del>	plied For t Applicable
Zip Country Z			Zip	Zip Country			5. Certificate of Status Desired See Required					
	6. Name a	and Address of Current F	i <u> </u>	ed Agent	<u> </u>		7.	. Nam	ne and Address of New	Registered		
		V / /				Name				-		
ODÈLLA,	NELSON											
407 LINC	OLN RD 11-L					Street Addre	ess (P.O.	. Box I	Number is Not Acceptab	le)		
	H FL 33139						<del></del> -					
WIAWII DO	H FE 30139											
						City				FL	Zip Code	9
	named entity tions of register	submits this statement for red agent.	the purp	ose of changing its	registere	ed office or reg	jistered a	agent,	, or both, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE												
SIGNATURE	Signature, typed or	printed name of registered agent ar	nd title if app	olicable. (NOT	E: Registere	d Agent signature re	quired wher	n reinsta	ating)	DATE		
, <del></del> -	U E NOW!!!	FEE IS \$150.00		1						_		
-		Fee will be \$550.00						ļ	9. Election Campaign F	~ -	\$5.0	О мау Ве
		Florida Department of	State						Trust Fund Contributi	on. L	Added نـ	to Fees
10.		OFFICERS AND D		L DRS	11.			ADDIT	IONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	DPT			☐ Delete	TiTLE						Change	☐ Addition
NAME	ACUNA, HE	RALDO		CA 25,000	NAM							_
STREET ADDRESS	C/O 407 LI	NCOLN RD STE 11-L			STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI BCH	FL 33139			CITY	-ST-ZIP						
TITLE	DS			☐ Delete	TITLE						Change	Addition
NAME	ALONSO, V	ERONICA		L_1 00000	NAM	I .						
STREET ADDRESS	C/O 407 LI	NCOLN RD STE 11-L			STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI BCH	FL 33139			CITY	-ST-ZIP						J
TITLE	D .	<del>-</del>		☐ Delete	TITLE						☐ Change	Addition
NAME	GARDIOL, I	GNACIO			NAM	[						
STREET ADDRESS		NCOLN RD STE 11-L			STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI BCH	FL 33139			CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition
NAME	i				NAM							Ì
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TITLE				☐ Delete	TITLE		- "				☐ Change	☐ Addition
NAME					NAM	,						
						ET ADDRESS						)
CITY-ST-ZIP	I				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 pring like empowered.

SIGNATURE:

SIGNATU

2003

305) 531.0909

Daytime Phone #