

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

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90006 034 ***150.00

DOCUMENT # P03000014766

1. Entity Name

MUSICAL CARIBE, INC.

DO NOT WRITE IN THIS SPACE

24013217

2. Principal Place of Business

4012 DURANT RD

3. Mailing Address

4012 DURANT RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VALRICO FL

City & State

VALRICO FL

4. FEI Number

42-1576604

Applied For

Not Applicable

Zip

33594

Country

USA

Zip

33594

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROBERT NORBERG

Street Address (P.O. Box Number is Not Acceptable)

2904 S. KINGSWAY RD

City

SEFFNER

FL

Zip Code

33584

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SECT. / TREAS.

FEB. 17, 2004

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	DP
NAME	RIVERA, DOMINGO
STREET ADDRESS	4012 DURANT RD
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	DTS
NAME	ROBERT NORBERG
STREET ADDRESS	2904 S. KINGSWAY RD
CITY-ST-ZIP	SEFFNER, FL 33584
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Norberg

ROBERT NORBERG 17 FEB. 04 813 681-9318

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)