

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000015551

1. Entity Name

KUBANEY RECORDS DISTRIBUTORS, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90074 016 ***158.75

Principal Place of Business

Mailing Address

3016 N.W. 79TH AVE.
MIAMI FL 33122

PO BX 527950
MIAMI FL 33152-7950
US

000000633



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3014 N.W. 79 AVE
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33122

USA

4. FEI Number

65-0382694

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, ANTHONY S
14001 HARPERS FERRY STREET
DAVIE FL 33325

Name
SM MARTIN, ANTHONY S.
Street Address (P.O. Box Number is Not Acceptable)
4241 S.W. 106 TERRACE
City
DAVIE FL Zip Code
33328

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.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

JAN 04, 2000

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	MARTIN, ANTHONY S	14001 HARPERS FERRY ST.	DAVIE FL 33325	<input type="checkbox"/>
D	MARTIN, MATHEW S	4944 N.W. 102ND AVE. #203	MIAMI FL 33178	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 typed or printed name of signing officer or director)

JAN 04, 2000 305-591-7684

Date

Daytime Phone #

CR2E034 (9/99)