FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

SIGNATURE:

## Jan 17, 2001 8:00 am DOCUMENT # **P92000015551 Secretary of State** 1. Entity Name KUBANEY RECORDS DISTRIBUTORS, INC. 01-17-2001 90096 047 \*\*\*150.00 Principal Place of Business Mailing Address 3014 N.W. 79TH AVE. PO BX 527950 MIAMI FL 33122 MIAM! FL 33152 00005054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0382694 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, ANTHONY S Street Address (P.O. Box Number is Not Acceptable) **4241 SW 106 TERRACE** DAVIE FL 33328 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MARTIN, ANTHONY S STREET ADDRESS STREET ADDRESS 4241 SW 106 TERRACE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME MARTIN, MATHEW S STREET ADDRESS STREET ADDRESS 4944 N.W. 102ND AVE. #203 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178. ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplier ental 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 of frusteeper owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if