

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019532

1. Entity Name

DEL ANGEL MUSIC, CORP.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90068 002 ***150.00

0173153

Principal Place of Business

5401 COLLINS AVENUE
STE 1125
MIAMI BEACH FL 33140

Mailing Address

5401 COLLINS AVENUE
STE 1125
MIAMI BEACH FL 33140

975599



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4353 Alton Rd.

3. Mailing Address

4353 Alton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

4. FEI Number 65-0394019

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO B
1390 BRICKELL AVENUE
SUITE 200
CORAL GABLES FL 33131

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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, 2001 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 DPST
NAME GARIBOTTI, ADRIAN J
STREET ADDRESS 5401 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME GARIBOTTI, ADRIAN J., ☒ Change ☐ Addition
STREET ADDRESS 4353 ALTON RD.,
CITY-ST-ZIP MIAMI BEACH, FL. 33140.

TITLE VPSD
NAME SALAZAR, CYNTHIA ☐ Change ☒ Addition
STREET ADDRESS 4353 ALTON RD.,
CITY-ST-ZIP Miami Beach, FL. 33140.

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April, 2001

Date

305-5325077

Daytime Phone #

CR2E034 (10/00)