2002 UNIFORM BUSINESS REPORT (UBR)

Jul 09, 2002 8:00 am Secretary of State DOCUMENT # P94000041907 1. Entity Name 07-09-2002 90023 017 ***550.00 MIAMI MUSIC CENTER, INC. Principal Place of Business Mailing Address 6850 SW 81 TERR 6850 SW 81 TERR MIAMI FL 33143 MIAM! FL 33143 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEi Number 59-1737590 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 **KODRIGUEZ, GEORGE M** Street Address (P.O. Box Number is Not Acceptable) 6850 SW 81 TERR 12IAMI FL 33143 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition NAME MEDEROS, OSCAR J NAME STREET ADDRESS STREET ADDRESS 6850 SW 81 TERR CITY-ST-ZIP CITY-ST-ZIF **MIAMI FL 33143** TITLE ☐ Delete ☐ Change ☐ Addition NAME RODRIGUEZ, GEORGE M NAME STREET ADDRESS STREET ADDRESS 6850 SW 81 TERR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33166 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP-☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied vindicated on this report or supplemental report the corporation or the receiver or trustee expenses. des not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information turate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute 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 addr.

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

TITLE

NAME

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CITY-ST-ZIP

SIGNA

☐ Delete

COSCAR J. DMEDEROS (PRESIDENTO 07/03/02

FILED

CR2E034 (4/02)

Addition