

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000079121

1. Entity Name

PROTEL RECORDS INC.

FILED

Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90037 035 ***150.00

Principal Place of Business

9445 NW 52 DORAL LANE
MIAMI FL 33178

Mailing Address

9445 NW 52 DORAL LANE
MIAMI FL 33178

918200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10544 NW 26th Street

3. Mailing Address

10544 NW 26th Street

Suite, Apt. #, etc.

E-104

Suite, Apt. #, etc.

E-104

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number 65-0531216

Applied For

Not Applicable

Zip
33172

Country
USA

Zip
33172

Country
USA

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

BREIL, GIORA W.
9445 NW 52ND DORAL LANE
MAIMI FL 33178

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)

02-06-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) XX

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVTS
BREIL, GIORA W
9445 N.W. 52 DORAL LANE
MIAMI FL 33178

☐ Delete

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

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☐ Change ☐ Addition

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

02-06-01

Date

(305) 599-2111

Daytime Phone #

CR2E034 (10/00)