

2000 UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90002 036 ***400.00
 06-19-2000 90003 038 ***150.00

DOCUMENT # P94000081398

1. Entity Name

APONTE LATIN MUSIC, INC.

Principal Place of Business

8663 N.W. 56TH STREET
 ATTN: EDWIN L. APONTE
 MIAMI FL 33166

Mailing Address

8663 N.W. 56TH STREET
 ATTN: EDWIN L. APONTE
 MIAMI FL 33166-3330

2. Principal Place of Business

5477 NW 72ND AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-0533913

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APONTE, EDWIN L
8663 N.W. 56TH STREET
MIAMI FL 33166

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 use 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, 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 **P** ☐ Delete
 NAME **APONTE, EDWIN L**
 STREET ADDRESS **8663 N.W. 56TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VPT** ☐ Delete
 NAME **LYONS, AMANDA**
 STREET ADDRESS **8663 N.W. 56TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE **S** ☐ Delete
 NAME **APONTE, ANA I**
 STREET ADDRESS **8663 N.W. 56TH ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5477 N.W. 72ND AVE.**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **SAME AS ABOVE**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **SAME AS ABOVE**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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

MAY 17/2000

Date

305 887-1710

Daytime Phone #

CR2E034 (9/99)