## "2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 02, 2001 8:00 am Secretary of State DOCUMENT # **P94000091811** 1. Entity Name UNIVERSAL MUSIC, INC. 05-02-2001 90094 033 \*\*\*150.00 Principal Place of Business Mailing Address 2555 COLLINS AVENUE 2555 COLLINS AVENUE **SUITE 2412 SUITE 2412** MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 2. Principal Place of Business TREET 3. Mailing Address 12 14 TREET Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0577902 Applied For MIAMLIFL MADMNot Applicable 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 FARIAS, JOAO P 2555 COLLINS AVENUE **SUITE 2412** MIAMI BEACH FL 33140 MAIM 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. egistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 12. PSTD FARLAS, JOAO P Addition TITLE ☐ Delete TITLE FARIAS, JOAO P NAME NAME 2555 COLLINS AVENUE STE 2412 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CITY-ST-ZIP MIMMIL FL 33126 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 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 employered 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.

Maic 26,2001 SIGNATURE: \( \) OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR