

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90001 049 ***158.75

DOCUMENT # P94000091811
1. Entity Name UNIVERSAL MUSIC, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6974 NW 12 Street
Suite, Apt. #, etc.

3. Mailing Address
6974 NW 12 Street
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL
33126

Country

City & State
Miami, FL
Zip 33126

Country

4. FEI Number
65-0577902

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CORPCO, INC.
Street Address (P.O. Box Number is Not Acceptable)
2699 South Bayshore Drive, 7th Floor
City Miami FL Zip Code 33138

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 CORPCO, INC. Vice Pres. 2/14/02
Signature, typed or printed name of registered agent and title if applicable. (None; 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25
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/S/T/D
NAME Joao P. Farias
STREET ADDRESS 6974 NW 12th Street
CITY-ST-ZIP Miami, FL 33126

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02 305.499.9393
Date Daytime Phone #

CR2E034B (12/01)