

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021073

1. Entity Name

PRODUCCIONES CUBA MUSICAL PUBLISHING, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90287 019 \*\*\*150.00

Principal Place of Business

2394 SW 18 ST  
MIAMI FL 33133  
US

Mailing Address

2394 SW 18 ST  
MIAMI FL 33145-2428  
US

2. Principal Place of Business

2050 Coral Way

3. Mailing Address

2050 Coral Way

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Miami, FL

City & State

Miami, FL

Zip

33145

Country

USA

Zip

33145

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0572474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARRANCO, ELENA  
ONE GROVE ISLE DRIVE APT 706  
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name Elena Sanchoyerto

Street Address (P.O. Box Number is Not Acceptable)

11921 NW 19 Street

Pembroke Pines

FL

Zip Code 33026

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)

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 ☐ Delete  
NAME ST  
STREET ADDRESS BARRANCO, EZENA  
CITY-ST-ZIP ONE GROVE ISLE DRIVE  
COCONUT GROVE FL

TITLE ☐ Delete  
NAME T  
STREET ADDRESS BARRANCO, MARIA T  
CITY-ST-ZIP 1 GROVE ISLE DR. #706  
COCONUT GROVE FL 33133

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BARRANCO, CLARA  
CITY-ST-ZIP 1 GROVE ISLE DR., #706  
COCONUT GROVE FL 33133

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 11921 NW 19 Street  
CITY-ST-ZIP Pembroke Pines, FL 33026

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

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:

Elena Sanchoyerto

4/29/00

305-854-4416

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)