

02-07 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR -1 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000021073

1. Entity Name

PRODUCCIONES CUBA MUSICAL PUBLISHING INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

490 NW 107 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

EMILIO J. MASFORROLL CPA

Suite, Apt. #, etc.

11180 W FLAGLER ST # 11

City & State

PEMBROKE PINES, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33026

Country

BROWARD

Zip

33174

Country

MIAMI-DADE

4. FEI Number

65-0572474

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ELENA SANCHEYERTO

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

11921 NW 19 ST

City

HOLLYWOOD

FL

Zip Code
33026

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
ELENA SANCHEYERTO
11921 NW 19 ST
HOLLYWOOD, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BARRANCO, CLARA
490 NW 107 AVENUE
PEMBROKE PINE, FL 33026

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 443 3576

CR2E034B (12/02)