

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91229 044 ***150.00

DOCUMENT # P95000031964

1. Entity Name
OLE' OLE' MUSIC, INC.

Principal Place of Business

10521 SW 103 AVE.
MIAMI FL 33176

Mailing Address

10521 SW 103 AVE.
MIAMI FL 33176

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10120 SW 92 Ave

+

Miami FL

33176



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0767419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAEN, ANA
10521 SW 103 AVE.
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

JAEN ANA

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

10120 SW 92 Ave

City

Miami

FL

Zip Code

33176

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, 2002 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 PT ☐ Delete
NAME JAEN, ANA D
STREET ADDRESS 10521 S.W.103RD AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE VPS ☐ Delete
NAME JAEN, ALEJANDRO
STREET ADDRESS 10521 S.W. 103RD AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Address**
STREET ADDRESS 10120 SW 92 Ave
CITY-ST-ZIP Miami FL 33176

TITLE ☒ Change ☐ Addition
NAME **Address**
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CITY-ST-ZIP Miami FL 33176

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

4/29/02 2792578

CR2E034 (9/01)