

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90133 016 ***150.00

DOCUMENT # P95000067795

1. Entity Name

EMOA MUSIC PUBLISHING, INC.

Principal Place of Business

**14629 SW 104 ST., APT. 285
MIAMI FL 33186**

Mailing Address

**14629 SW 104 ST., APT. 285
MIAMI FL 33186**

2. Principal Place of Business

PMB # 379

3. Mailing Address

PMB # 379

Suite, Apt. #, etc.

6619 S. Dixie Hwy

Suite, Apt. #, etc.

6619 S. Dixie Hwy

City & State

Miami FL

City & State

Miami FL

Zip

Country

33143

Zip

Country

33143

6. Name and Address of Current Registered Agent

FIGUEROA, CARMEN I

14629 SW 104 ST., APT. 285

MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Figuerola Carmen I

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

PMB # 379

6619 S. Dixie Hwy

City

Miami

FL

Zip Code

33143

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, 2001 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 | P | <input type="checkbox"/> Delete |
| NAME | ALFANNO, OMAR | |
| STREET ADDRESS | 14629 SW 104 ST., APT. 285 | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | FIGUEROA, CARMEN I | |
| STREET ADDRESS | 14629 SW 104 ST APT 285 | |
| CITY-ST-ZIP | MIAMI FL 33186 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Alfanno, Omar | |
| STREET ADDRESS | PMB # 379 6619 S. Dixie Hwy | |
| CITY-ST-ZIP | Miami FL 33143 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Figuerola Carmen I | |
| STREET ADDRESS | PMB # 379 6619 S. Dixie Hwy | |
| CITY-ST-ZIP | Miami FL 33143 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-29-01

Date

305-273-4245

Daytime Phone #

CR2E034 (10/00)