

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90483 004 \*\*\*150.00

**DOCUMENT # P95000069646**

**1. Entity Name**  
**D.J. WIZZZZ MUSIC POOL & PROMOTIONS CORP.**



**Principal Place of Business**  
**4711 NORTHWEST 79TH AVENUE**  
**SUITE 26-Z**  
**MIAMI FL 33166**

**Mailing Address**  
**4711 NORTHWEST 79TH AVENUE**  
**SUITE 26-Z**  
**MIAMI FL 33166**

**2. Principal Place of Business** **12240 SW 251 TERR**  
**3. Mailing Address** **12240 SW 251 TERR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**PRINCETON FL**

**City & State**  
**PRINCETON FL**

**4. FEI Number** **65-0659647**

**Applied For**  
**Not Applicable**

**Zip** **33032** **Country** **USA**

**Zip** **33032** **Country** **USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**VALDES, JORGE**  
**5280 N.W. 7ST APT 306**  
**MIAMI FL 33126**

**Name**

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

**City**

**PRINCETON**

**FL**

**Zip Code**

**33032**

**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** *X Jorge Valdes*  
Signature of the registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**X 03-11-2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☐ **Delete**  
**NAME** **VALDES, JORGE**  
**STREET ADDRESS** **5280 NW 7 ST APT 306**  
**CITY-ST-ZIP** **MIAMI FL 33126**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME** **12240 SW 251 TERR**  
**STREET ADDRESS** **PRINCETON FL 33032**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *X Jorge Valdes* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**X 03-11-2003 305258-4788**

Date

Daytime Phone #

CR2E034 (10/02)