

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90123 044 ***550.00

DOCUMENT # P96000052840

1. Entity Name

Ruff Kyuw Music Company, Inc.

DO NOT WRITE IN THIS SPACE

B0136657

2. Principal Place of Business

7103 S.W. 102 Ave.

3. Mailing Address

7103 S.W. 102 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

Suite A

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33173

Miami-Dade

33173

Miami-Dade

4. FEI Number

65-0681379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Deborah R. Waks, Esq.

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

7103 SW 102 Ave., Suite A

City

Miami

FL

Zip Code

33173

**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.

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
Nigel Staff
7103 S.W. 102 Ave, Suite A
Miami, Florida 33173

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
Donovan Belnavis
7103 S.W. 102 Ave, Suite A
Miami, Florida 33173

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E034B (12/01)

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 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 #

DONOVAN BELNAVIS

(305) 271-8282