## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 24, 2002 8:00 am Secretary of State P96000053068 DOCUMENT # 1. Entity Name 05-24-2002 91297 045 \*\*\*150 00 UNIVERSE SOUND PRODUCTIONS, INC. Principal Place of Business Mailing Address 12925 SW 21ST ST 12925 SW 21ST ST MIAMI FL 33175 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address グハーブ Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0677171 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ROLANDO JR Street Address (P.O. Box Number is Not Acceptable) 12925 SW 21ST ST **MIAMI FL 33175** Zip Code 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT ☐ Addition TITLE ☐ Delete TITLE ☐ Change RODRIGUEZ, ROLANDO III NAME NAME STREET ADDRESS 12925 SW 21ST ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE DVS ☐ Delete TITLE Change Addition RODRIGUEZ, ROLANDO JR NAME NAME STREET ADDRESS STREET ADDRESS 12925 SW 21ST ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete . TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

**FILED** 

Daytime Phone #