

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000065336

1. Entity Name

GOYARROLA MUSIC ENTERPRISE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90056 012 ***150.00

Principal Place of Business

Mailing Address

18495 S DIXIE HWY

18495 S DIXIE HWY

#103

#103

MIAMI FL 33157

MIAMI FL 33157-6817

US

US

2. Principal Place of Business

18495 SOUTH DIXIE HWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

City & State
MIAMI, FL

City & State

Zip

Country

Zip

Country

33157

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAHN, SUSAN
444 BRICKELL AVE
MIAMI FL 33131

Name

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

City

FL

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GOYARROLA, AITOR
STREET ADDRESS 18495 S DIXIE HWY #103
CITY-ST-ZIP MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME GOYARROLA, JESUS R
STREET ADDRESS 18495 S DIXIE HWY #103
CITY-ST-ZIP MIAMI FL 33157

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(l), 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] PRESIDENT

4/11/00 (305) 232-0184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)