

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073048

1. Entity Name

A.T. MUSIC INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90046 002 \*\*\*158.75

Principal Place of Business

13255 S.W. 57TH TERRACE #9  
MIAMI FL 33183  
US

Mailing Address

13255 S.W. 57TH TERRACE #9  
MIAMI FL 33183-1211  
US

2. Principal Place of Business

14355 SW 46 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

14355 SW 46 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33175

Country

USA

City & State

MIAMI FL

Zip

33175

Country

USA

4. FEI Number

95-4433846

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARREIRO, VITAL A  
13255 S.W. 57TH TERRACE #9  
MIAMI FL 33183

Name

BARREIRO, VITAL A.

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

14355 SW 46 TERRACE

City

MIAMI

FL

Zip Code

33175

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 constituting)

DATE

4-7-00

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	P	<input type="checkbox"/> Delete
NAME	BARREIRO, VITAL A	
STREET ADDRESS	13255 SW 57TH TERRACE #9	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TORRES, MODESTO A	
STREET ADDRESS	12572 S.W. 73 TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TORRES, ANA S	
STREET ADDRESS	12572 S.W. 73 TERRACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	TORRES, ANA S	
STREET ADDRESS	13255 SW 57TH TERRACE #9	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARREIRO, VITAL A.	
STREET ADDRESS	14355 SW 46 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARREIRO, ANGELA	
STREET ADDRESS	14355 SW 46 TERRACE	
CITY-ST-ZIP	MIAMI FL 33175	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-00

Date

(305)223-0810

Daytime Phone #

CR2E034 (9/99)