

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State
 03-02-2000 90080 044 ***150.00

DOCUMENT # P96000092293

1. Entity Name
SOUND AUTHORITY MUSIC PRODUCTIONS INC.

Principal Place of Business Mailing Address
 3714 SW 37TH ST. 5714 SW 37TH ST.
 MIAMI FL 33023 HOLLYWOOD FL 33023-6114

2. Principal Place of Business 3. Mailing Address
JOAO GUTIERREZ
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
8801 NW 177 TERR **8801 NW 177 TERR**
 Zip Zip
33018 **33018**
 Country Country
USA **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0726066** Applied For
 Not Applicable
 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
GUTIERREZ, JOAO
5714 SW 37TH ST.
HOLLYWOOD FL 33023
 Name
JOAO GUTIERREZ
 Street Address (P.O. Box Number is Not Acceptable)
8801 NW 177 Terr
 City City
MIAMI **FL** Zip Code
33018

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]* (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	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, JOAO A		NAME	JOAO GUTIERREZ	
STREET ADDRESS	5714 SW 37 ST		STREET ADDRESS	8801 NW 177 Terr	
CITY-ST-ZIP	HOLLYWOOD FL 33023		CITY-ST-ZIP	MIAMI FL 33018	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 2/23/00 305 231-6355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)