

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004667

1. Entity Name

BILLY'S RECORDS, INC.

R

Principal Place of Business

3507 NW 17TH AVE.
MIAMI FL 33142

Mailing Address

3507 NW 17TH AVE.
MIAMI FL 33142-5539

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HERRERA, BILLY
3507 NW 17TH AVE.
MIAMI FL 33142

7. Name and Address of New Registered Agent

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	HERRERA, BILLY	
STREET ADDRESS	3507 NW 17TH AVE.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ZAPATA, YENNY	
STREET ADDRESS	3507 NW 17TH AVE.	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	YENNY ZAPATA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3507 NW 17TH AVE	
STREET ADDRESS	MIAMI FL 33142	
CITY-ST-ZIP	PRESIDENT	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILLY HERRERA	
STREET ADDRESS	3507 NW 17TH AVE	
CITY-ST-ZIP	MIAMI FL 33142	
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		<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		

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

07-18-2000 90009 021 ***150.00

A0067869



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0731153

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**
Fee Required

CR2E034 (9/99)

P9700004667

A0067869

Perdon por el pago Tarde
Pero el Sobre y la firma
la tenia quien fue mi
contable y no podia Comu-
nicarme con el, hasta hace
4 dias. Por Favor acepte
este pago de \$150.00. ➔