## ,20⁄⁄a UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address.

SIGNATURE:

with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

lara

## May 18, 2001 8:00 am Secretary of State DOCUMENT # P97000020513 05-18-2001 91243 038 \*\*\*150.00 JC MUSIC & RECORDS, CORP. Principal Place of Business Mailing Address 11326 SW QUAIL ROOST DR 3802 SW 133 PL 551613 MIAMI FL 33157 MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 65-0734353 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROJAS, JOSE A Street Address (P.O. Box Number is Not Acceptable) 3802 SW 133RD PL. **MIAMI FL 33175** City 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 ~ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME ROJAS, JOSE A NAME STREET ADDRESS 3802 SW 133 PL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33175 TITLE Change ☐ Addition TITLE Delete ROJAS, CLARA NAME NAME 3802 SW PL STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-7IP MIAMI FL 33175 □ Change ☐ Addition TITLE ☐ Delete TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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