## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P97000021742 **DOCUMENT#**

1. Entity Name

MIAMÍ SOUND DESIGN COMPANY



## **FILED** Feb 27, 2003 8:00 am Secretary of State 02-27-2003 90179 049 \*\*\*150.00

Principal Place of Business 467 SOUTH DIXIE HWY				Mailing Address 467_SOUTH_DIXIE_HWY								
CORAL GABLES FL 33146				CORAL GABLES FL 33146				a innerinna ira apeli cadali kniliti nneli	<b>4.9</b> (6) <b>58</b> 11 <b>8</b> 19	LOG (LOG)) (B.OS) B	HI 114 HI 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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2. Principal Pl	ace of Busin	ess	3. Mail	3. Mailing Address				1   1004  1001   140   1841  1   1011   1011  1   1011		mat 11811 1894 B	Dele 1161 1665	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City	City & State				4. FEI Number 65-0744828			oplied For ot Applicable	
Zip	Country				Count	try 5. Certificate of Statu		Certificate of Status Desired	S8.75 Additional Fee Required			
	6. Name	and Address of Curre	nt Registere	legistered Agent			7. N	7. Name and Address of New Registered Agent				
						Name		•				
AFRA, KOU				Street Address			ss (P.O. B	(P.O. Box Number is Not Acceptable)				
1025 ALTON RD MIAMI BEACH FL 33139							<del></del>					
.•						City	, FI			<u></u>		
8. The above the obligati	named entity	submits this statement	for the purp	ose of changing its	registere	d office or regis	stered ag	ent, or both, in the State of Flor	ida. Lam t	amiliar with,	and accept	
•		•										
SIGNATURE _	Signature, typed	or printed name of registered ag-	ant and title if app	olicable. (NOTE	E: Registered	1 Agent signature req	uired when re	einstating)	DATE			
		!_FEE_IS .\$150.00_				·	<del></del>	9 Election Campaign Fin.			<b>0</b> May Be	
		3 Fee will be \$550.0 Florida Department		,				Trust Fund Contribution			d to Fees	
10.		OFFICERS AN	ID DIRECTO	PRS	11.		AC	DITIONS/CHANGES TO OFFI	CERS AND			
	D ACDA KO	IDUCH		☐ Delete	TITLE	1				Change	Addition	
NAME AFRA, KOUROSH STREET ADDRESS 1025 ALTON ROAD					ET ADDRESS							
CITY-ST-ZIP	DESCRIPTION OF ACTUAL PROPERTY O					-ST-ZIP						
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TITLE	, , ,,			Delete ·	TITLE			•		☐ Change	Addition	
NAME					NAM							
STREET ADDRESS						ET ADDRESS - ST-ZIP						
CITY-ST-ZIP	Oprilife: #555	a information supplied	with this filing	a does not qualify fo			in Section	119.07(3)(i), Florida Statutes.	I further ce	rtify that the	information	
<ol><li>12. i nereby i</li></ol>	certity that th	e information supplied t	MIGHT BUS HRPS	a ages not quality it	V RIC CVC	pilon atatou i	0000000			· · · ·		

Intereory certify that the information supplied with this iming does not qualify for the exemplifier stated in Section 113.07(3), Fibrida Statutes. Indicate 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER AND INFECTOR