

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032148

1. Entity Name

SCHMOOD MUSIC, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90018 043 ***150.00

Principal Place of Business

Mailing Address

404 WASHINGTON AVENUE
SUITE 680
MIAMI BEACH FL 33139

404 WASHINGTON AVENUE
SUITE 680
MIAMI BEACH FL 33139-6651

2. Principal Place of Business

222 N.E. 27th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

MIAMI BEACH FL

4. FEI Number

65-0741594

Applied For

Not Applicable

Zip

33137

Country

U.S.A.

Zip

Country

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

HENRIQUES, SHONA
404 WASHINGTON AVENUE
SUITE 680
MIAMI BEACH FL 33139

Name

Henriques, Shona

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

222 N.E. 27th Street

City

Miami

FL

Zip Code

33137

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

Shona Henriques

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME WALKER, NADINE
STREET ADDRESS 404 WASHINGTON AVENUE, SUITE 680
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SMITH, ASTON
STREET ADDRESS 404 WASHINGTON AVENUE, SUITE 680
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME WALKER, NADINE
STREET ADDRESS 404 WASHINGTON AVENUE, SUITE 680
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

4-28-00

305 571-9797

CR2E034 (9/99)