

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90060 042 ***150.00

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1. Entity Name
GLOBO MUSIC PUBLISHING CORPORATION



Principal Place of Business
**2170 NW 87TH AVENUE
MIAMI FL 33172**

Mailing Address
**2170 NW 87TH AVENUE
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

2170 NW 87 Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#103

City & State

City & State

Miami, FL

Zip

Country

Zip

Country

33172

4. FEI Number **65-0802504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA-VIDAL, RAOUL ESQ
COLUMBUS CENTER, SUITE 1450
ONE ALHAMBRA PLAZA
CORAL GABLES FL 33134**

Name **Juan T. O'Naghten**
Street Address (P.O. Box Number is Not Acceptable)
2665 S. Bayshore Drive Suite 200
City **Miami** FL Zip Code **33133**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **03/21/03**

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MONSERRAT, JAIME**
STREET ADDRESS **2170 NW 87 STE AVE 103**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **President & Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **MOYANO, LUIS M**
STREET ADDRESS **2170 NW 87TH AVE**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **P** ☒ Delete
NAME **ISABEL, MAZUELAG**
STREET ADDRESS **2170 NW 87 AVENUE 103**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **Ibanez, Agustin**
STREET ADDRESS **Av. Universidad 1273 Colonia del Valle**
CITY-ST-ZIP **Mexico D.F. Mexico 03100**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED JAIME MONSERRAT

Date **03/21/03** (304) 477-3889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/02)