2001 UNIFORM BUSINESS REPORT (UBR) (UR)

FILED
Jun 27, 2001 8:00 am
Secretary of State
06-27-2001 90290 014 ***150.00

DOCUMENT # P97000095721
1. Entity Name: Corvo Records Inc

Principal Place of Business	Mailing Address
4237 SW 154th CT MIAMI FL 33187	PO BOX 831207 MIAMI FL 33283

[redacted]

772687

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	7903 Sierra Springs Dr
Suite, Apt. #, etc.	Lake Worth Fl
City & State	
Zip	33454
Country	USA
3. Mailing Address	POB 541048
Suite, Apt. #, etc.	
City & State	Lake Worth Fl
Zip	33454
Country	USA

4. FEI Number: 65-0792556 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

E. GARCIA
POB 831207 (4237 SW 154th CT)
MIAMI, FL 33283

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, 2001 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	President ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	E. GARCIA	NAME	
STREET ADDRESS	PO Box 831207	STREET ADDRESS	POB 541048
CITY-ST-ZIP	MIAMI FL 33283	CITY-ST-ZIP	Lake Worth FL 33454
TITLE	Secretary - Treasurer ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	Stefanie Garcia	NAME	
STREET ADDRESS	POB 831207	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33283	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (11/00)

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: _______________ 4/30/01 305 2976867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #