## 2001 UNIFORM BUSINESS REPORT (UBR)

SKINATURE:

## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P9800005814** HORIZONTE MUSIC PUBLISHER INC. 04-26-2001 90322 037 \*\*\*150.00 Principal Place of Business Mailing Adoress 9450 S.W. 30 TERRACE 9450 S.W. 30 TERRACE MIAMI FL 33165 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-0434220 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CABRERA, GUSTAVO 9450 S.W. 30 TERRACE MIAMI FL 33165 Zin 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) STAC FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) TITLE ☐ Delete Addition CABRERA, GUSTAVO NAME NAME 9450 S.W. 30 TERRACE STREET ADDRESS STREET ANDRESS MIAMI FL 33165 CITY-ST-ZIP CiTY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7IP 71718 ☐ Delete Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CCTY-ST-7IP CITY-ST-ZIP ☐ Delete 11118 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. CLITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CIFY-ST-ZIP CITY-ST-ZIP TITLE Addition De:ete THE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZiP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 people 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 of trusted entropy of the powered 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 artistic sample of the corporation of the

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR