

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000055574**

1. Entity Name
E.S.I. RECORDING STUDIOS, INCORPORATED

Principal Place of Business

**3326 MARY ST.
SUITE 602
COCONUT GROVE FL 33133**

Mailing Address

**3326 MARY ST.
SUITE 602
COCONUT GROVE FL 33133**

2. Principal Place of Business

1541 Brickell Ave

3. Mailing Address

1541 Brickell Ave

Suite, Apt. #, etc.

Apto A 1101

Suite, Apt. #, etc.

Apto A 1101

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

U.S.A

Zip

33129

Country

4. FEI Number

65-0844440

Applied For

Not Applicable

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

**KOPPEL, JORGE
3326 MARY STREET
SUITE 602
COCONUT GROVE FL 33133**

Name

Koppel, Jorge

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

1541 Brickell Avenue

Apto A 1101

City

Miami

FL

Zip Code
33129

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 **PD** ☐ Delete
NAME **KOPPEL, JORGE**
STREET ADDRESS **3326 MARY ST., STE. 602**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **PD** ☒ Change ☐ Addition
NAME **Koppel, Jorge**
STREET ADDRESS **1541 Brickell Ave Apto A 1101**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **VD** ☐ Delete
NAME **KOPPEL, FRANK**
STREET ADDRESS **3326 MARY ST., STE. 602**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **VD** ☒ Change ☐ Addition
NAME **Koppel, Frank**
STREET ADDRESS **1541 Brickell Ave Apto A 1101**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **SD** ☐ Delete
NAME **KOPPEL, CONSTANZA**
STREET ADDRESS **3326 MARY ST., STE. 602**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **SD** ☒ Change ☐ Addition
NAME **Koppel, Constanza**
STREET ADDRESS **1541 Brickell Ave Apto A 1101**
CITY-ST-ZIP **Miami, FL 33129**

TITLE **TD** ☐ Delete
NAME **KOPPEL, CONSTANZA E**
STREET ADDRESS **3326 MARY ST., STE. 602**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE **TD** ☒ Change ☐ Addition
NAME **Koppel, Constanza E**
STREET ADDRESS **1541 Brickell Ave Apto A 1101**
CITY-ST-ZIP **Miami, FL 33129**

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

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 #

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90025 026 ***158.75

952375



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)