

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000057781

1. Entity Name

CONCERT GUITARS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90364 026 ***150.00

Principal Place of Business

15634 SW 96TH TERRACE
MIAMI FL 33196

Mailing Address

15634 SW 96TH TERRACE
MIAMI FL 33196

2. Principal Place of Business

15634 SW 96TH Terrace

Suite, Apt. #, etc.

3. Mailing Address

15634 SW 96TH Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

Country

33196

City & State

Miami, FL

Zip

Country

33196

4. FEI Number

65-0847039

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FIGUEROA, ALFREDO R
15634 SW 96TH TERRACE
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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 of officer or director of registered agent and chief applicable.

(NOTE: Registered Agent signature required when re-appointing)

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

TITLE ☐ Delete

NAME
FIGUEROA, ALFREDO R
STREET ADDRESS
15634 SW 96TH TERR
CITY-ST-ZIP
MIAMI FL

TITLE ☐ Delete

NAME
FIGUEROA, ILEANA L
STREET ADDRESS
15634 SW 96TH TERR
CITY-ST-ZIP
MIAMI FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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, when authorized or otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Payment Photo

CR2E034 (10/00)