

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90156 022 ***150.00

DOCUMENT # P98000071503

1. Entity Name

RICO SOUND, INC.

Principal Place of Business

**137 RIVIEVA CIRCLE
FORT LAUDERDALE FL 33326**

Mailing Address

**137 RIVIEVA CIRCLE
FORT LAUDERDALE FL 33326**

2. Principal Place of Business

10569 Royal Palm

3. Mailing Address

10569 Royal Palm

Suite, Apt. #, etc.

Biv.

Suite, Apt. #, etc.

Biv.

City & State

Coral Springs FL.

City & State

Coral Springs FL.

4. FEI Number

65-0858627

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

TOBAR, LIBARDO E

1314 SW 71ST TERRACE

NORTH LAUDEDALE FL 33068

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, 2002 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 **D** ☒ Delete
NAME **TOBAR, LIBARDO E**
STREET ADDRESS **1314 SW 71ST TERRACE**
CITY-ST-ZIP **NORTH LAUDEDALE FL 33068** *old address.*

TITLE **D.** ☐ Change ☒ Addition
NAME **TOBAR LIBARDO E.**
STREET ADDRESS **10569 ROYAL PALM BLV.**
CITY-ST-ZIP **CORAL SPRINGS FL. 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 of Tobar, Libardo E.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-24-02 (954) 288 7426

CR2E034 (9/01)