

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90059 043 ***150.00

DOCUMENT # P98000081486

1. Entity Name
ORFEON RECORDS ORGANIZATION, INC.



Principal Place of Business
**2170 N.W. 87TH AVENUE
MIAMI FL 33172**

Mailing Address
**2170 N.W. 87TH AVENUE
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address

2170 NW 87 Avenue

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

Zip

33172

Country

4. FEI Number **65-0219568**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMON, STEVEN W ESQ
801 BRICKELL AVE, STE 1901
MIAMI FL 33131**

Name
Juan T. O'Naghten
Street Address (P.O. Box Number is Not Acceptable)
**2665 S. Bayshore Drive
Suite 200**
City
Miami **FL** Zip Code
33133

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/21/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MONSERRAT, JAMIE**
STREET ADDRESS **9431 WEST CALVOA CLUB DRIVE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition
NAME **9431 West Calusa Club Drive**
STREET ADDRESS **Miami, FL 33186**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **IBANEZ, AGUSTIN**
STREET ADDRESS **AV. UNIVERSIDAD 1273 COLONIA DEL VALLE,**
CITY-ST-ZIP **MEXICO D.F. MEXICO 03100**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/21/03
Date

(305) 477-3889
Daytime Phone #

CR2E034 (10/02)