

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90066 008 ***150.00

DOCUMENT # P98000095604

1. Entity Name
PLAZAMUSICA, INC.

Principal Place of Business
10544 NW 26TH ST., SUITE 104
MIAMI FL 33172

Mailing Address
10544 NW 26TH ST., SUITE 104
MIAMI FL 33172-2160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10556 N.W. 26th St.
 Suite, Apt. #, etc.
Suite D-201

3. Mailing Address
10556 N.W. 26th St.
 Suite, Apt. #, etc.
Suite D-201

City & State
Miami, FL 33172

City & State
Miami, FL 33172

Zip **33172** Country **USA** Zip **33172** Country **USA**

4. FEI Number **65-0878576** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BREIL, GIORA W
10544 NW 26TH ST., SUITE 104
MIAMI FL 33172

7. Name and Address of New Registered Agent
Raphael C. Barbosa da Silva
 Street Address (P.O. Box Number is Not Acceptable)
10556 N.W. 26th St.
Suite D-201
 City **Miami, FL** Zip Code **FL 33172**

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 *Raphael C. Barbosa da Silva* **1/13/00**
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOSA DA SILVA, RAPHAEL C 10544 NW 26TH ST., SUITE 104 MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D & S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Raphael C. Barbosa da Silva 10556 N.W. 26th St., Ste. D201 Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete BREIL, GIORA W 10544 NW 26TH ST., SUITE 104 MIAMI FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Giora W. Breil 10556 N.W. 26th St. Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Raphael C. Barbosa da Silva* **President** **1/13/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Raphael C. Barbosa da Silva

CR2E034 (9/99)