

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90045 037 ***150.00

A0064668

DOCUMENT # P98000103791

1. Entity Name

CONUCO RECORDS, INC. ✓

Principal Place of Business

Mailing Address

6715 West 26th Drive
 Bldg. 6 Apt. 102
 Hialeah, FL 33016

6715 West 26th Drive
 Bldg. 6 Apt. 102
 Hialeah, FL 33016

2. Principal Place of Business

4720 N.W. 114 Ave.

3. Mailing Address

4720 N.W. 114 Ave.

Suite, Apt. #, etc.

Suite 106

Suite, Apt. #, etc.

Suite 106

City & State

Miami, FL 33178

City & State

Miami, FL 33178

4. FEI Number

65-0881374

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VINAS, DAVID
 6715 West 26th Drive
 Bldg. 6, Apt. 102
 Hialeah, FL 33016

Name

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

4720 N.W. 114 Ave.

Suite 106

City

Miami,

FL

Zip Code

33178

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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERAS, RUBEN	NAME	CABRERA, RUBEN
STREET ADDRESS	6715 West 26th Drive	STREET ADDRESS	4720 N.W. 114 Ave., Suite 106
CITY-ST-ZIP	Hialeah, FL 33016	CITY-ST-ZIP	Miami, FL 33178
TITLE	VD <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cabreras, Ricardo	NAME	Cabrera, Ricardo
STREET ADDRESS	6715 West 26th Drive	STREET ADDRESS	4720 N.W. 114 Ave., Suite 106
CITY-ST-ZIP	Hialeah, FL 33016	CITY-ST-ZIP	Miami, FL 33178
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINAS, DAVID	NAME	
STREET ADDRESS	6715 West 26th Drive	STREET ADDRESS	4720 N.W. 115 Ave.
CITY-ST-ZIP	Hialeah, FL 33016	CITY-ST-ZIP	Miami, FL 33178
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

David Vinas DAVID VINAS

4/28/00

Date

Daytime Phone #

CRZE034 (9/99)