

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005670

1. Entity Name

PILGRIM MUSIC INC.

Principal Place of Business

16379 SW 14TH STREET
PEMBROKE PINES FL 33027

Mailing Address

16379 SW 14TH STREET
PEMBROKE PINES FL 33027 -5120

2. Principal Place of Business

16379 S.W. 14th ST.

3. Mailing Address

16379 S.W. 14th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33027-5120

Country

USA

Zip

33027-5120

Country

USA

4. FEI Number

65-0887784

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANGEL TORRES L
16379 SE 14TH STREET
PEMBROKE PINES FL 33027 -5120

7. Name and Address of New Registered Agent

Name ANGEL L. TORRES

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

16379 S.W. 14th ST.

City

Pembroke Pines

FL

Zip Code

33027-5120

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, 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	P	<input type="checkbox"/> Delete
NAME	TORRES, ALAN L	
STREET ADDRESS	16379 SE 14TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	COLON, COYDA E	
STREET ADDRESS	16379 SW 14TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, ANGEL L	
STREET ADDRESS	16379 S.W. 14th ST.	
CITY-ST-ZIP	PEMBROKE PINES FL 33027-5120	
TITLE	VICE-PRESIDENT/SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLON, LEYDA E.	
STREET ADDRESS	16379 S.W. 14th ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027-5120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/05/2001

Date

(954) 648-9121

Daytime Phone #

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90035 016 ***158.75

00016685



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)