

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90050 012 \*\*\*150.00

DOCUMENT # P99000010109

1. Entity Name

LAAB MUSIC PUBLISHING, INC.

Principal Place of Business

13457 SW 151 TERR  
MIAMI FL 33186

Mailing Address

13457 SW 151 TERR  
MIAMI FL 33186

2. Principal Place of Business

9665 SW 136 ST

Suite, Apt. #, etc.

MIAMI, FL

City & State

3. Mailing Address

9665 SW 136 ST

Suite, Apt. #, etc.

MIAMI, FL

City & State



DO NOT WRITE IN THIS SPACE

Zip 33176

Country USA

Zip 33176

Country USA

4. FEI Number 65-0893356

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

MATHEUS, BARBARA

~~13057 SW 151 TERRACE~~

~~MIAMI FL 33186~~

9665 SW 136 ST

MIAMI, FL 33176

Name

BARBARA MATHEUS

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

9665 SW 136 ST

City

MIAMI, FL

FL

Zip Code

33176

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 Barbara J. Mathews

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

(NOTE: Registered Agent signature required when reinstating)

4/14/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	MATHEUS, BARBARA L	
STREET ADDRESS	<del>1302 SOUTHWEST 191 PLACE CIRCLE EAST</del>	
CITY-ST-ZIP	<del>MIAMI FL 33184</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LARRNAGA, LAZARA C	
STREET ADDRESS	<del>1302 SOUTHWEST 191 PLACE CIRCLE EAST</del>	
CITY-ST-ZIP	<del>MIAMI FL 33184</del>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEUS, BARBARA L.	
STREET ADDRESS	9665 SW 136 ST	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRINAGA, LAZARA C.	
STREET ADDRESS	12663 SW 94 PL	
CITY-ST-ZIP	MIAMI, FL 33176	
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: Barbara J. Mathews BARBARA MATHEUS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01

Date

(786) 242 2682

Daytime Phone #

CR2E034 (10/00)