

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91184 045 \*\*\*158.75

**DOCUMENT # P99000011086**

1. Entity Name  
**WINEBREAD RECORDS, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 1726 MIAMI FL 33265-1726**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **15741 SW 100 AVE**  
 Suite, Apt. #, etc.

3. Mailing Address **15741 SW 100 AVE**  
 Suite, Apt. #, etc.

City & State **Miami, Florida**  
 Zip **33157** Country **USA**

4. FEI Number **65-0891746** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**COPPOLECCHIA, MARIA A**  
**10210 S.W. 20TH TERRACE**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent  
 Name **Miranda, Ronaldo J.**  
 Street Address (P.O. Box Number is Not Acceptable) **15741 SW 100 AVE**  
 City **Miami** FL Zip Code **33157**

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 DATE **4/29/02**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD COPPOLECCHIA, MARIA A 10210 S.W. 20TH TERRACE MIAMI FL 33165</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPTD IZQUIERDO, MARIA 10210 S.W. 20TH TERRACE MIAMI FL 33165</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD Miranda, Ronaldo J. 15741 SW 100 AVE. Miami, Florida 33157</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Coppolecchia, Maria A. 10210 SW 20th Terrace Miami, Florida 33165</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 another title empowered.

SIGNATURE: **SIGNATURE OF RONALDO MIRANDA** **Ronaldo Miranda** DATE **4/29/02** DAYTIME PHONE # **(305) 255-7508**

CR2E034 (9/01)