

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015730

1. Entity Name

ONE STOP RECORDS, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

04-12-2000 90028 044 ***150.00

Principal Place of Business

221 SW 22 AVE STE 219A
MIAMI FL 33135

Mailing Address

221 SW 22 AVE STE 219A
MIAMI FL 33135-1544

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0919705

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

BLACK, JONATHAN -
1119 EAST TROPICAL WAY
PLANTATION FL 33317

Name

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

City

FL

Zip Code

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)

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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	D LASTER, JANET 3120 NW 53 LANE MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GAUSE, DESIRENO 3120 NW 53 LANE MIAMI FL 33142	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addit:

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet Laster Janet Laster Desireno Desireno Gause 305-642-6048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
03-29-2000 Daytime Phone #