

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90092 027 \*\*\*150.00

**DOCUMENT # P99000018117**

1. Entity Name

**ECM RECORDS & DISTRIBUTION, INC.**

Principal Place of Business

Mailing Address

**19562 EAST COUNTY CLUB  
 SUITE 562  
 AVENTURA FL 32180**

**19562 EAST COUNTY CLUB  
 SUITE 562  
 AVENTURA FL 32180**

2. Principal Place of Business

**20735 NE 30th Place**

Suite, Apt. #, etc.

3. Mailing Address

**20735 NE 30th Place**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Aventura, FL**

Zip

**33180**

Country

**USA**

City & State

**Aventura FL**

Zip

**33180**

Country

**USA**

4. FEI Number

**65-0899668**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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) ☐

**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**

41. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **PSTD CHAI, EYAL**  
 STREET ADDRESS **343 ALMERIA AVENUE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

42. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **PSTD Chai**  
 STREET ADDRESS **20735 NE 30th Place**  
 CITY-ST-ZIP **Aventura FL 33180**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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**

**2/13/02**

Date

Daytime Phone #

CR2E034 (9/01)