

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90216 029 ***150.00

DOCUMENT # **P99000018892**
 1. Entity Name
John Doe Records, Inc.

Principal Place of Business Mailing Address
917 1/2 NW 80th St.
Miami, FL 33150

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
PEREZ BEHAR & ASSOC., P.A.
 City & State City & State **13935 NW 1st AVENUE**
MIAMI, FLORIDA 33168
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0898504** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ BEHAR & ASSOC., P.A.
13935 NW 1st AVENUE
MIAMI, FLORIDA 33168

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 _____ (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. ☐ **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 NAME ☐ Delete
VP Gabriel Williams
917 1/2 NW 80th St.
Miami, FL 33150
 TITLE NAME ☐ Delete
VP Andre McGregor
917 1/2 NW 80th St.
Miami, FL 33150
 TITLE NAME ☐ Delete
 TITLE NAME ☐ Delete
 TITLE NAME ☐ Delete
 TITLE NAME ☐ Delete
 TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP
 TITLE NAME ☐ Change ☐ Addition
 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: **Gabriel Williams / Gabriel Williams** 4/26/01 305-688-9694
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)