

2000 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-11-2000 90306 024 ***158.75

DOCUMENT # P99000036627

1. Entity Name

RA LATINA MUSIC, INC.

Principal Place of Business

Mailing Address

17299 NW 60 CT
FL 33015

17299 NW 60 CT
MIAMI FL 33015-4614

2. Principal Place of Business

3. Mailing Address

19553 NW 58 ct.
Suite, Apt. #, etc.

19553 NW 58 ct.
Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip
33015

Country
USA

Zip
33015

Country
USA

4. FEI Number

65-0922803

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

GUTIERREZ, DELSY
17299 NW 60 CT
MIAMI FL 33015

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, 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

TITLE: President
NAME: Humberto R. Gutierrez
STREET ADDRESS: 19553 NW 58 ct.
CITY-ST-ZIP: MIAMI, FL 33015

TITLE: Vice President
NAME: Cesar Gutierrez
STREET ADDRESS: 19553 NW 58 ct.
CITY-ST-ZIP: MIAMI, FL 33015

TITLE: Treasurer
NAME: Delisy Gutierrez
STREET ADDRESS: 19553 NW 58 ct.
CITY-ST-ZIP: MIAMI, FL 33015

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
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(3X)(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

4-28-00 (305) 620-8000

Date

Daytime Phone #

CR2E034 (9/99)