

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91188 023 ***150.00

DOCUMENT # **PA9000039741**
 1. Entity Name
RIMAURO OCEANIC MUSIC COLOURS, INC.

Principal Place of Business Mailing Address
220 71ST STREET - SUITE 213
MIAMI BEACH, FLORIDA 33141

60070228

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

6. Name and Address of Current Registered Agent
UGO V. CHIARATO, C.P.A.
220 71ST STREET - SUITE 213
MIAMI BEACH, FL 33141

4. FEI Number **65-0921469** Applied For Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
 7. Name and Address of New Registered Agent
 Name **UGO V. CHIARATO, C.P.A.**
 Street Address (P.O. Box Number is not acceptable) **220 71ST STREET - SUITE 213**
MIAMI BEACH, FL 33141
 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 *Ugo Chiarato* DATE **MAY 10, 2001**
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐ **FILE NOW!!**
After MAY 1, 2001
Make Check Payable
FEE IS \$150.00
Fee will be \$550.00
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
MARCO BINI RIMAURO P/T/S/D
220 71ST STREET # 213
MIAMI BEACH FL 33141
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME STREET ADDRESS CITY-ST-ZIP
P/T/S/D
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report a signature shall have the same legal effect as if made under oath; that I am an officer or director 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]* DATE **MAY 10, 2001** DAYTIME PHONE # **(305) 868.7060 pm**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)