

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000039741

1. Entity Name  
RIMAURI OCEANIC MUSIC COLOURS INC.



FILED

03 MAY 20 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
~~220 71ST STREET~~  
~~STE 213~~  
~~MIAMI FL 33141~~

Mailing Address  
~~220 71ST STREET~~  
~~STE 213~~  
~~MIAMI FL 33141~~

2. Principal Place of Business  
12000 BISCAYNE BLVD

3. Mailing Address

Suite, Apt. #, etc.  
SUITE 507

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State

Zip 33181 Country USA

Zip Country

4. FEI Number 65-0921469

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIARATO, UGO V CPA  
~~220 71ST STREET~~ 12000 BISCAYNE BLVD #507  
~~SUITE 213~~  
~~MIAMI BEACH FL 33141~~ MIAMI FL 33181

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME RIMAURI, MARCO B  
STREET ADDRESS 100 LINCOLN ROAD 12000 BISCAYNE BLVD  
CITY-ST-ZIP MIAMI BEACH FL 33139 MIAMI FL 33181

TITLE  
NAME SUITE 507  
STREET ADDRESS  
CITY-ST-ZIP 600019565700 Change  
05/20/03--01022--007 \*\*2911.25 Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED RoA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2003 (305) 899.5099

Date Daytime Phone #

0244098 AV

CR2E034 (10/02)