

2000 UNIFORM BUSINESS REPORT (UBR)

Amended UBR 2000

DOCUMENT # P99000044484

1. Entity Name

TECA MUSIC. COM, INC.

Principal Place of Business

Mailing Address

2123 West 60 St.,
Hialeah, FL 33016

Same

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0923338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Alberto Marrero
2852 SW 132 Ct
Miami, FL 33175

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 WITH IS 61000

ALTERNATIVE PAYMENT METHOD

(For Change of Registered Agent or Registered Office)

10. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P.T.D.
NAME ALBERTO MARRERO
STREET ADDRESS 2852 SW 132 Ct
CITY-STATE-ZIP Miami, FL 33175

☒ Delete

TITLE S.D.
NAME ORLANDO MARRERO
STREET ADDRESS 2852 SW 132 Ct
CITY-STATE-ZIP Miami, FL 33175

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

000003334970--5
-07/25/00--01049--003
*****61.25 *****61.25

☐ Change ☒ Addition

P.S.T.D.
NAME ORLANDO MARRERO
STREET ADDRESS 2852 SW 132 Ct
CITY-STATE-ZIP Miami, FL 33175

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

5/1/00