

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90039 030 ***150.00

DOCUMENT # P99000048449

1. Entity Name

GRAN CAIMAN MUSIC PUBLISHING, INC.

Principal Place of Business

**2070 NW 79TH AVENUE
 #204
 MIAMI FL 33122
 US**

Mailing Address

**PO BOX 523115
 MIAMI FL 33152-3115
 US**



2. Principal Place of Business

5805 Blue Lagoon Drive

3. Mailing Address

P.O. Box 523115

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 410

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, FL

4. FEI Number

65-0932870

Applied For

Not Applicable

Zip

33126

Country

U.S.A

Zip

33152-3115

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STOLLMAN, MARC D
 2424 DONA FEDERAL HWY.
 SUITE 400
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Pilon, Didier**
 Street Address (P.O. Box Number is Not Acceptable)

5805 Blue Lagoon Drive - Suite 410

City **Miami**

FL

Zip Code **33126**

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

2-13-02

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, 2002 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 **D** ☐ Delete
 NAME **PILON, DIDIER**
 STREET ADDRESS **1666 NW 82ND AVE**
 CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
 NAME **Didier Pilon**
 STREET ADDRESS **5805 Blue Lagoon Drive. Suite 410**
 CITY-ST-ZIP **Miami, FL 33126**

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

TITLE ☐ Change ☐ Addition
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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 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: **X**

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

2-13-02

Date

305-261-1902

Daytime Phone #

CR2E034 (9/01)