

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90019 005 ***150.00

DOCUMENT # P99000052353

1. Entity Name

GROUPSEX RECORDS ✓

DO NOT WRITE IN THIS SPACE

822509

2. Principal Place of Business

1235 N.W 100ST

Suite, Apt. #, etc.

NONE

3. Mailing Address

1235 N.W 100ST

Suite, Apt. #, etc.

NONE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0924224

Applied For

Not Applicable

Zip

33147

Country

Zip

33147

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARLINE SMITH

Street Address (P.O. Box Number is Not Acceptable)

1235 N.W 100ST

City

MIAMI FL

FL

Zip Code

33147

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
GROUPSEX RECORDS
CARLINE SMITH
1235 N.W 100ST MIAMI FL 33147

TITLE
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: GROUPSEX RECORDS CARLINE SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-2002

Date

305527-1029

Daytime Phone #

CR2E034B (12/01)