

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90724 001 *****8.75
 04-10-2002 90724 002 ***150.00

DOCUMENT # P99000053995

1. Entity Name
TUNE PLATOON INCORPORATED

Principal Place of Business
 5537 NW 90TH TERRACE
 SUNRISE FL 33351
4000 TOWERSIDE TERR. APT 2007
MIAMI, FL 33138

Mailing Address
 5537 NW 90TH TERRACE
 SUNRISE FL 33351
SAME AS PLACE OF BUSINESS



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4000 TOWERSIDE TERRACE
 Suite, Apt. #, etc.
APT 2007

3. Mailing Address
4000 TOWERSIDE TERRACE
 Suite, Apt. #, etc.
APT 2007

City & State
MIAMI FL

City & State
MIAMI FL

Zip **33138** **Country** **USA**

Zip **33138** **Country** **USA**

4. FEI Number **65-0933203**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

ARTHUR J. JAFFEE, C.P.A. P.A.
3900 HOLLYWOOD BLVD., SUITE 302
HOLLYWOOD FL 33021

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!!! 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, GUILLERMO 5537 NW 90TH TERRACE SUNRISE FL 33351 4000 TOWERSIDE TERR APT 2007 MIAMI, FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOREA, STACEY A 3520 SW 85TH WAY BULIDING 12 APT206 FORT LAUDERDALE FL 33351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD and TD GONZALEZ, GAIL 5537 NW 90TH TERRACE SUNRISE FL 33351 4000 TOWERSIDE TERR APT 2007 MIAMI, FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DECKER, DENNIS 2049 POLO GARDENS DR #107 WELLINGTON FL 33414	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, GUILLERMO 4000 TOWERSIDE TERR APT 2007 MIAMI, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD, TD GONZALEZ, GAIL 4000 TOWERSIDE TERR APT 2007 MIAMI, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GUILLERMO GONZALEZ, PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/02
 Date

305-993-3802
 Daytime Phone #

CR2E034 (9/01)