

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

FILED
Jun 04, 2002 8:00 am
Secretary of State

06-04-2002 90210 002 *****8.75
06-04-2002 90210 001 ***150.00

DOCUMENT #

1. Entity Name **ARENA FINA MUSIC PRODUCTIONS INC.**

P990000 69262

DO NOT WRITE IN THIS SPACE

91251

2. Principal Place of Business

16422 SW 72 Ter

Suite, Apt. #, etc.

3. Mailing Address

16422 SW 72 Ter

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number

65-0944365

Applied For

Not Applicable

Zip
33193

Country
USA

Zip
33193

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Luz M Arenas**

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

16422 SW 72 Ter

City **Miami**

FL

Zip Code
33193

**DO NOT WRITE
IN THIS SPACE**

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

Luz M Arenas

05/28/02

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
President
Luz M Arenas
16422 SW 72 Ter
Miami Flc. 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Gustavo Arenas
16422 SW 72 Ter
Miami Fl, 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Luz M Arenas

05/28/02

305 7520253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)