

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 09, 2000 8:00 am**  
**Secretary of State**

08-09-2000 90080 033 \*\*\*158.75

**DOCUMENT # P99000069513**

**1. Entity Name**  
**CARIDAD MUSIC CORPORATION**

*R*

**Principal Place of Business**      **Mailing Address**  
 6500 SW 185TH WAY      6500 SW 185TH WAY  
 FT LAUDERDALE FL 33328      FT LAUDERDALE FL 33328

**2. Principal Place of Business**      **3. Mailing Address**  
*6500 S.W. 185TH WAY*      *6500 S.W. 185TH WAY*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**      **4. FEI Number**      **Applied For**  
*FT. LAUDERDALE, FL.*      *FT. LAUDERDALE, FL.*      *65-0938233*       Not Applicable  
**Zip**      **Country**      **Zip**      **Country**      **5. Certificate of Status Desired**      **\$8.75 Additional Fee Required**  
*33332-1431*      *U. S. A.*      *33332-1431*      *U. S. A.*           

**6. Name and Address of Current Registered Agent**  
**LA DUKE, RONALD**  
**1909 SW 1ST AVENUE**  
**FT LAUDERDALE FL 33316**

**7. Name and Address of New Registered Agent**  
**Name** *JOHN A. PEDRE*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*6500 S.W. 185TH WAY*  
**City** *FT. LAUDERDALE*      **FL**      **Zip Code** *33332-1431*

**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** *JOHN A. PEDRE, PRESIDENT*      *John A. Pedre*      *7/28/00*  
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.**            **FILE NOW!!! FEE IS \$550.00**  
(See criteria on back)      **After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LA DUKE, RONALD</b> <b>1909 SW 1ST AVE</b> <b>FT LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <i>JOHN A. PEDRE</i> <i>6500 S.W. 185TH WAY</i> <i>FT. LAUDERDALE, FL. 33332-1431</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <i>JOHN R. PEDRE</i> <i>6500 S.W. 185TH WAY</i> <i>FT. LAUDERDALE, FL. 33332-1431</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY / TREASURER</b> <i>CATHERINE PEDRE</i> <i>6500 S.W. 185TH WAY</i> <i>FT. LAUDERDALE, FL. 33332-1431</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> 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:** *JOHN A. PEDRE*      **SIGNATURE REQUIRED**      *John A. Pedre*      *7/28/00*      *954-434-7328*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)

Attachment 19900069513

D0076518



**CARIDAD MUSIC**

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July 28, 2000

DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

To Whom It May Concern:

This is to inform you that we did not receive the first UNIFORM BUSINESS REPORT FILINGS in the mail.

Please accept our apology.

As per our conversation with your representative on the telephone, he advised us to explain the situation and to send in a fee of \$150.00. Also, we are enclosing \$8.75 for Certificate of Status.

If this is not satisfactory, please contact us by the following method:

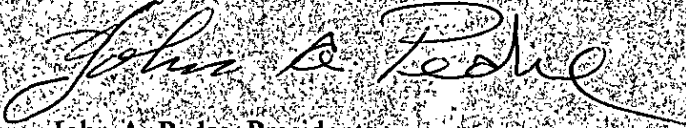
Caridad Music Corporation  
6500 S.W. 185<sup>th</sup> Way  
Ft. Lauderdale, FL 33332-1431

Tel# 954-434-7328

Fax# 954-434-7675

Email: [Pedre@Bellsouth.net](mailto:Pedre@Bellsouth.net)

Sincerely,



John A. Pedre, President  
Caridad Music Corporation