

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
 04-13-2001 90065 003 ***158.75

0621652

DOCUMENT # P99000069513

1. Entity Name
CARIDAD MUSIC CORPORATION

Principal Place of Business

Mailing Address

6500 SW 185TH WAY
 FT LAUDERDALE FL 33328

6500 SW 185TH WAY
 FT LAUDERDALE FL 33328

2. Principal Place of Business

3. Mailing Address

6500 SW 185TH WAY
 Suite, Apt. #, etc.

6500 SW 185TH WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

FT. LAUDERDALE FL

FT. LAUDERDALE FL

Zip

Country

Zip

Country

33332 USA

33332 USA

4. FEI Number 65-0938233

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDRE, JOHN A
 1909 SW 1ST AVENUE
 FT LAUDERDALE FL 33316

Name

PEDRE JOHN A.

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

6500 SW 185 WAY

City

FT. LAUDERDALE

FL

Zip Code

33332

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME PEDRE, JOHN A ☐ Delete
 STREET ADDRESS 6500 SW 185TH WAY
 CITY-ST-ZIP FORT LAUDERDALE FL 33332-1431

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

TITLE VP
 NAME PEDRE, JOHN R ☐ Delete
 STREET ADDRESS 6500 SW 185TH WAY
 CITY-ST-ZIP FORT LAUDERDALE FL 33332-1431

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

TITLE S
 NAME PEDRE, CATHERINE ☐ Delete
 STREET ADDRESS 6500 SW 185TH WAY
 CITY-ST-ZIP FORT LAUDERDALE FL 33332-1431

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)