

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90065 003 ***158.75

0621682Z

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 **6500 SW 185TH WAY** 3. Mailing Address **6500 SW 185TH WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent **PEDRE, JOHN A 1909 SW 1ST AVENUE FT LAUDERDALE FL 33316** 7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME	P PEDRE, JOHN A	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6500 SW 185TH WAY FORT LAUDERDALE FL 33332-1431		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	VP PEDRE, JOHN R	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6500 SW 185TH WAY FORT LAUDERDALE FL 33332-1431		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	S PEDRE, CATHERINE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	6500 SW 185TH WAY FORT LAUDERDALE FL 33332-1431		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			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** *John A. Pedre* Date **4/10/01** Daytime Phone # **954 434-7328**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)