

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90068 003 ***150.00

DOCUMENT # P99000073247

1. Entity Name
CAP MUSIC SONGS, INC.

Principal Place of Business

**5401 COLLINS AVENUE
 SUITE #1125
 MIAMI BEACH FL 33140**

Mailing Address

**5401 COLLINS AVENUE
 SUITE #1125
 MIAMI BEACH FL 33140**

2. Principal Place of Business

4353 Alton Rd.

3. Mailing Address

4353 Alton Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL.

City & State

Miami Beach, FL.

Zip

33140

Country

USA

Zip

33140

Country

USA

6. Name and Address of Current Registered Agent

**SANCHEZ, ALFREDO
 5200 S.W. 8TH STREET
 SUITE 202-A
 CORAL GABLES FL 33134**

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, 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	GARIBOTTI, ADRIAN	
STREET ADDRESS	5401 COLLINS AVENUE #1125	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SALAZAR, CYNTHIA	
STREET ADDRESS	5401 COLLINS AVENUE #1125	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARIBOTTI, ADRIAN,	(address)
STREET ADDRESS	4353 Alton Rd.	
CITY-ST-ZIP	Miami Beach, FL. 33140.	
TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, CYNTHIA,	(address)
STREET ADDRESS	4353 Alton Rd.	
CITY-ST-ZIP	Miami Beach, FL. 33140.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April, 2001 305-5325077

Date

Daytime Phone #

CR2E034 (10/00)