

FILED  
Jul 02, 2002 8:00 am  
Secretary of State

05-21-2002 90889 008 \*\*\*150.00

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

DOCUMENT # <b>999000082641</b>			
1. Entity Name <b>Cuba Records Inc.</b>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <b>3000 NW 164th Ter</b>		3. Mailing Address <b>4417 NW 207 Dr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
4. State <b>FL</b>		5. City & State <b>Mia FL</b>	
6. Zip <b>33055</b>		7. FEI Number <b>65-1079062</b>	
Country		Country	
8. Certificate of Status Desired <input type="checkbox"/>		9. \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>Brenda D Jackson</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>4417 NW 207 Dr</b>			
City <b>Mia FL</b>			
Zip Code <b>33055</b>			
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 <b>Brenda D Jackson</b> (Reg. Agent) <b>4-28-02</b>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>			
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS			
TITLE <b>Pres</b>		TITLE <b>Agent</b>	
NAME <b>RONALD JACKSON JR</b>		NAME <b>Brenda D Jackson</b>	
STREET ADDRESS <b>3000 NW 164th Ter</b>		STREET ADDRESS <b>4417 NW 207 Dr</b>	
CITY-STATE-ZIP <b>Mia FL 33055</b>		CITY-STATE-ZIP <b>Mia FL 33055</b>	
TITLE <b>Agent</b>		TITLE <b>Agent</b>	
NAME <b>Brenda D Jackson</b>		NAME <b>Brenda D Jackson</b>	
STREET ADDRESS <b>4417 NW 207 Dr</b>		STREET ADDRESS <b>4417 NW 207 Dr</b>	
CITY-STATE-ZIP <b>Mia FL 33055</b>		CITY-STATE-ZIP <b>Mia FL 33055</b>	
TITLE <b>Agent</b>		TITLE <b>Agent</b>	
NAME <b>Brenda D Jackson</b>		NAME <b>Brenda D Jackson</b>	
STREET ADDRESS <b>4417 NW 207 Dr</b>		STREET ADDRESS <b>4417 NW 207 Dr</b>	
CITY-STATE-ZIP <b>Mia FL 33055</b>		CITY-STATE-ZIP <b>Mia FL 33055</b>	
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 empowerment.			
SIGNATURE: <b>Brenda D Jackson</b>		Date: <b>4-28-02</b> Daytime Phone: <b>305-621-9234</b>	