

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082672

1. Entity Name

NEW ERA SOUND, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90131 009 ***150.00

Principal Place of Business

Mailing Address

2550 N.W. 72ND AVENUE
SUITE 313
FL 33122

2550 N.W. 72ND AVENUE
SUITE 313
MIAMI FL 33122-1348

C0007992



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2550 NW 72 Ave.

2550 N.W 72 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #313

Suite #313

City & State

City & State

Miami FL

Miami FL

Zip

Country

Zip

Country

33122

U.S.A

33122

U.S.A.

4. FEI Number

65-0948700

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

SABIN, LILIANA R SR.
2550 N.W. 72ND AVENUE
SUITE 313
MIAMI FL 33122

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	SABIN, DANIELA S R.	
STREET ADDRESS	2550 N.W. 72ND AVENUE SUITE 313	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SABIN, LILIANA M JR.	
STREET ADDRESS	2550 N.W. 72ND AVENUE SUITE 313	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SABIN, LILIANA R SR.	
STREET ADDRESS	2550 N.W. 72ND AVENUE SUITE 313	
CITY-ST-ZIP	MIAMI FL 33122	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABIN, DANIEL A. SR	
STREET ADDRESS	2550 NW 72 Ave suite 313	
CITY-ST-ZIP	Miami, FL 33122	
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		
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

Date

(305) 716-9610

Daytime Phone #

CR2E034 (9/99)