

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

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90071 045 ***150.00

DOCUMENT # **P99000087607**

1. Entity Name

Associated Record Distributors, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2999 NE 191 St

3. Mailing Address

same

Suite, Apt. #, etc.

Suite 601

Suite, Apt. #, etc.

City & State

Aventura FL

City & State

4. FEI Number

65-0946824

Applied For

Not Applicable

Zip

33180

Country

Miami-Dade

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

B0058608

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Alfredo Susi**

Street Address (P.O. Box Number is Not Acceptable)
2999 NE 191 St Suite 601

City **Aventura, FL**

FL

Zip Code
33180

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	President Alfredo Susi 2999 NE 191 St. SUite 601 Aventura, FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary-Treasurer, Vice Pres. Russell MacArthur 2999 NE 191 St Suite 601 Aventura, FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 12, 2002

305-937-1226

Date

Daytime Phone #