

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107255

1. Entity Name

MUSIC BROKERS INTERNATIONAL, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90906 014 ***150.00

Principal Place of Business

8567 CORAL WAY #300
MIAMI FL 33155

Mailing Address

8567 CORAL WAY #300
MIAMI FL 33155

2. Principal Place of Business

13639 SW 26 ST

3. Mailing Address

13639 SW 26 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number

65-0968099

Applied For

Not Applicable

Zip
33175

Country
USA

Zip
33175

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, JOE
8567 CORAL WAY #300
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

ALONSO, JOE

Street Address (P.O. Box Number is Not Acceptable)

13800 SW 8 ST, #347

City
MIAMI

FL

Zip Code
33184

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

Joe Alonso

JOE ALONSO, PRESIDENT

4/27/00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALONSO, JOE
8567 CORAL WAY #300
MIAMI FL 33155 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ALONSO, JOE
13800 SW 8 ST, #347
MIAMI, FL 33184 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joe Alonso JOE ALONSO, PRES. 4/27/00 305-262-2222

CR2E034 (9/99)