

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S07742

1. Entity Name

TRUE DIMENSIONAL SOUND, INC.

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90299 050 ***150.00

Principal Place of Business

1450 MADRUGA AVENUE
SUITE 404
CORAL GABLES FL 33146
US

Mailing Address

PO BOX 3773
SARASOTA FL 34230
US

2. Principal Place of Business

1450 Madruga Avenue

3. Mailing Address

Suite, Apt. #, etc.
Suite 208

City & State
Coral Gables, FL

City & State

4. FEI Number 65-0245605

Applied For
Not Applicable

Zip
33146

Country
US

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

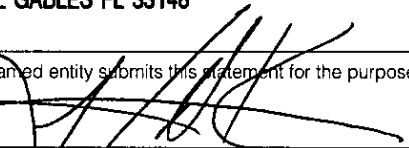
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNECHT, STEPHEN M., ESQ.
1450 MADRUGA AVENUE
SUITE 404
CORAL GABLES FL 33146

Name
Knecht, Stephen M. Esq.
Street Address (P.O. Box Number is Not Acceptable)
1450 Madruga Avenue
Suite 208
City
Coral Gables FL Zip Code
33146

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  Stephen M. Knecht 02/20/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
GARCIA, ARTURO J.
4443 SW 11TH ST
MIAMI FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPASD
Garcia, Arturo H.
4443 SW 11th Street
Miami, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KNECHT, STEPHEN M. ESQ.
14075 SW 72ND CT
MIAMI FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Knecht, Stephen M. Esq.
14075 SW 72nd Court
Miami, FL 33158 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
GALEN, CLARK
6345 RAVENWOOD CT
SARASOTA FL 34240 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRARO, JAMES L
200 S BISCAYNE BLVD STE 3800
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
KNECHT, CHRISTOPHER
7960 SW 142ND ST.
MIAMI FL 33158 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
GORDON, THOMAS R
16101 SW 76TH AVE.
MIAMI FL 33157 ☐ Delete

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 all other like empowered.

SIGNATURE:  Clark Galen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01 (941) 359-0633

Date

Daytime Phone #

CR2E034 (10/00)