## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # \$97042  1. Entity Name  CUBEROOT MUSIC PUBLISHING, INC.					FILED Feb 09, 2000 8:00 am Secretary of State 02-09-2000 90045 024 ***150.00					
Principal Plac	e of Business	Mailing Address		7						
9305 SW 122ND LN MIAMI FL 33176 US		9305 SW 122ND LN MIAMI FL 33176-5046 US			t ( <b>48</b> 14 <b>4</b> 14 (1)	L 20cm (00m 10m) 1 0m)	At Arazt Atali		<b>1</b> 14 <b>0</b> 141 1 <b>11</b> 1	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7		DO NOT WRITE	IN THIS SI	PACE		
City & State		City & State		4.	El Number	65-0301497			oplied For ot Applicable	
Zip	Country	Zip	Country	5. (	Certificate of	Status Desired		8.75 Add		
	6. Name and Address of Current I	Registered Agent		7. 1	lame and A	ddress of New Re	gistered A	gent	. <u>-</u> -	
			Name						_	
9305	RD, MARIA 5 SW 122ND LN		Street Address	(P.O. B	ox Number i	s Not Acceptable)				
j MIAN	VII FL 33176							T Zim Cod	<u></u>	
			City				FL	Zip Cod	е	
9. This corpo	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!!	Registered Agent signature requil FEE IS \$150.00 Fee will be \$550.00		10. Elect	ion Campaign Fina			00 May Be	
(See criteria on back)			e to Department of S	tate	·	Fund Contribution.			d to Fees	
11.	OFFICERS AND		12.	AD	DITIONS/C	HANGES TO OFFIC				
NAME STREET ADDRESS CITY-ST-ZIP	PS LLORD, MARIA 9305 SW 122ND AVE MIAMI FL 33176	☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				مريم ي نسبه	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, <b>.</b>				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver of Justee empo , or on an attachment with an address, w	true and accurate and that my wered to execute this report a	he exemption stated in signature shall have the required by Chapter 6	Section e same 07, Flori	119.07(3)(i), legal effect a da Statutes;	Florida Statutes. I f as if made under oa and that my name	urther certi th; that I ar appears in	ify that the in an officer . Block 11 o	nformation or director r Block 12 if	