

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36392

1. Entity Name

COPYRIGHT ADMINISTRATION INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90004 034 ***150.00

Principal Place of Business **NEW** Mailing Address **NEW ADDRESS**
2782 NW 79TH AVE. MIAMI FL 33122-1067 2782 NW 79TH AVE. MIAMI FL 33122-1067

2. Principal Place of Business **3100 N.W. 72ND. AVE** 3. Mailing Address **3100 N.W. 72ND. AVE.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE# 129 **SUITE# 129**
City & State **MIAMI, FL.** City & State **MIAMI, FL.**

Zip **33122** Country **MIAMI-DADE** Zip **33122** Country **MIAMI-DADE**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MOVED TO:
JURE, JORGE A.
2782 NW 79TH AVE. **3100 N.W. 72ND. AVE.**
MIAMI FL 33122-1067 **SUITE# 129**
MIAMI, FL 33122

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 _____ (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. ☐ **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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JORGE, JURE A.		NAME		
STREET ADDRESS	10300 NW 9 CIR. ST. #106		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CALDIROLA, BEATRIZ M.		NAME		
STREET ADDRESS	10300 NW 9 CIT. ST. #106		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED** **1/28/00 (305) 1-2P-2000**
SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)