2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State
02-19-2002 90104 003 ***150.00

DOCUMENT # P00000018231

1. Entity Name
TU MUSIC, INC.

Principal Place of Business	Mailing Address
~~4111 S.W. 104TH AVENUE~~ ~~MIAMI FL 33174~~	~~1111 S.W. 104TH AVENUE~~ ~~MIAMI FL 33174~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4743 NW 112 ct	4743 NW 112 ct
Suite, Apt. #, etc. Miami	Suite, Apt. #, etc. Miami
City & State FL.	City & State FL.
Zip 33178 Country Dade	Zip 33178 Country Dade

4. FEI Number 65-0975492 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MENGUAL, HEISNTINN
~~1111 S.W. 104TH AVENUE~~ 4743 NW 112 ct
MIAMI FL 33174 Miami FL. 33178

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4743 NW 112 ct

City Miami **FL** Zip Code 33178

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P SILVERA, CARMEN ~~1111 S.W. 104TH AVENUE~~ 4743 NW 112 ct ~~MIAMI FL 33174~~ Miami, FL. 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MENGUAL, HEISNTINN ~~1111 S.W. 104TH AVENUE~~ 4743 NW 112 ct ~~MIAMI FL 33174~~ Miami, FL 33178	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 01-12-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #