

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90027 013 \*\*\*\*61.25

**DOCUMENT # 742560**

1. Entity Name

**MIAMI MUSIC TEACHERS ASSOCIATION, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O SIMPSON  
 6850 N AUGUSTA DR  
 HIALEAH FL 33015  
 US

C/O SIMPSON  
 6850 N AUGUSTA DR  
 HIALEAH FL 33015  
 US

2. Principal Place of Business

c/o Simpson

3. Mailing Address

c/o Simpson

Suite, Apt. #, etc.

8167 150 Ct N

Suite, Apt. #, etc.

8167 150 Ct N

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

4. FEI Number

59-6153116

Applied For

Not Applicable

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

SIMPSON, PATRICIA  
 6850 N. AUGUSTA DR.  
 HIALEAH FL 33015

Name Patricia Simpson

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

8167 150 Ct N

City

Palm Beach Gardens

FL

Zip Code

33418

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

Patricia Simpson

2-25-02

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME COULTER, FRED  
 STREET ADDRESS 7345 SW 108 TERR  
 CITY-ST-ZIP MIAMI FL 33158

TITLE D  Change  Addition  
 NAME Victoria Ibanez  
 STREET ADDRESS 9080 SW 140 ST  
 CITY-ST-ZIP Miami FL 33176

TITLE VD  Delete  
 NAME BLANCO, IDA  
 STREET ADDRESS 720 W. 33 ST  
 CITY-ST-ZIP HIALEAH FL 33012

TITLE VD  Change  Addition  
 NAME Pia Preston  
 STREET ADDRESS 7365 SW 142 terr  
 CITY-ST-ZIP Miami FL 33158

TITLE TD  Delete  
 NAME SIMPSON, PATRICIA  
 STREET ADDRESS 6850 N AUGUSTA DR  
 CITY-ST-ZIP HIALEAH FL 33015

TITLE TD  Change  Addition  
 NAME Patricia Simpson  
 STREET ADDRESS 8167 150 Ct N  
 CITY-ST-ZIP Palm Beach Gardens FL 33418

TITLE D  Delete  
 NAME SACKSTEIN, ROSALINA DR.  
 STREET ADDRESS 5360 SW 87 AVE.  
 CITY-ST-ZIP MIAMI FL

TITLE PD  Change  Addition  
 NAME Rosalina Sackstein  
 STREET ADDRESS 5360 SW 87 AVE  
 CITY-ST-ZIP Miami FL 33165

TITLE D  Delete  
 NAME JENSEN, ZELDA  
 STREET ADDRESS 154 W. SUNRISE AVE  
 CITY-ST-ZIP CORAL GABLES FL 33133

TITLE  Change  Addition  
 NAME same

TITLE  Delete

TITLE  Change  Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patricia Simpson 2-25-02 561-743-9625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)