

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2002 90027 014 ****61.25

DOCUMENT # 746035

1. Entity Name

MIAMI MUSIC TEACHERS FOUNDATION, INC.

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

59-1890244

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*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-25-02

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

TITLE Change Addition
 NAME *Same*
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SACKSTEIN, ROSALINA**
 STREET ADDRESS **5360 S.W. 87TH AVE.**
 CITY-ST-ZIP **MIAMI FL 33165**

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

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

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

TITLE **PD** Delete
 NAME **COULTER, FRED**
 STREET ADDRESS **7345 SW 108 TERR**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** Change Addition
 NAME *Ibanez, Victoria*
 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 *Preston, Plia*
 STREET ADDRESS *7365 SW 142 terr*
 CITY-ST-ZIP *Miami FL 33158*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 **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)