

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91111 039 \*\*\*\*61.25

CLASSIFIED

**DOCUMENT # N95000003425**

1. Entity Name

**BROWARD MUSICIANS ASSOCIATIONS, INC.**

Principal Place of Business

6225 DEWEY ST.  
 HOLLYWOOD FL 33023

Mailing Address

6225 DEWEY ST.  
 HOLLYWOOD FL 33023

2. Principal Place of Business

1300 N. Ocean Blvd. #202

3. Mailing Address

1300 N. Ocean Blvd. #202

Suite, Apt. #, etc.

# 202

Suite, Apt. #, etc.

# 202

City & State  
 Pompano Beach, FL

City & State  
 Pompano Beach, FL

Zip  
 33062

Country  
 Broward

Zip  
 33062

Country  
 Broward

4. FEI Number

65-0598154

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

GUERRESCHI, GLORIA  
 13780 NW 4 PLACE  
 NO MIAMI FL 33168

Name

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

City

FL

Zip Code

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

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: D AMANN, JEROME  Delete  
 NAME: AMANN, JEROME  
 STREET ADDRESS: 6225 DEWEY ST.  
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: PD L. Lee Fike-Hiland  Change  Addition  
 NAME: L. Lee Fike-Hiland  
 STREET ADDRESS: 1300 N. Ocean Blvd. # 202  
 CITY-ST-ZIP: Pompano Beach, FL 33062

TITLE: TD GUERRESCHI, GLORIA  Delete  
 NAME: GUERRESCHI, GLORIA  
 STREET ADDRESS: 13780 NW 4TH PL  
 CITY-ST-ZIP: N: MIAMI FL 33168

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: PD ORILLO, FRANK  Delete  
 NAME: ORILLO, FRANK  
 STREET ADDRESS: 4501 LINCOLN ST.  
 CITY-ST-ZIP: HOLLYWOOD FL

TITLE: D Donna K. Meyers  Change  Addition  
 NAME: Donna K. Meyers  
 STREET ADDRESS: 391 N.W. 35<sup>th</sup> Court  
 CITY-ST-ZIP: Ft. Lauderdale, FL 33309

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

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 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
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 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  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: Gloria Guerreschi *Gloria Guerreschi* 04/26/2001 305-681-5484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)