

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90056 039 ****61.25

DOCUMENT # N95000003425

1. Entity Name

BROWARD MUSICIANS ASSOCIATIONS, INC.

Principal Place of Business

Mailing Address

**1300 N OCEAN BLVD
 #202
 POMPANO BEACH FL 33062
 US**

**1300 N OCEAN BLVD
 #202
 POMPANO BEACH FL 33062
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0598154

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD FIKE-HILLAND, L L**
 STREET ADDRESS **1300 N OCEAN BLVD #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE Change Addition
 NAME **PD FIKE-HOLLAND, L. LEE**
 STREET ADDRESS **1300 N. OCEAN BLVD #202**
 CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE Delete
 NAME **D MEYERS, DONNA K**
 STREET ADDRESS **391 NW 35TH COURT**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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: **TD Gloria Guerreschi - Gloria Guerreschi 01/12/02 305-691-5494**

CR2E037 (9/01)