

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90309 046 ****61.25

DOCUMENT # **N95000003425**

1. Entity Name
BROWARD MUSICIANS ASSOCIATIONS, INC.



Principal Place of Business 1300 N OCEAN BLVD #202 POMPANO BEACH FL 33062 US	Mailing Address 1300 N OCEAN BLVD #202 POMPANO BEACH FL 33062 US
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2. Principal Place of Business 13780 NW 4 PLACE Suite, Apt. #, etc.	3. Mailing Address 13780 NW 4 PLACE Suite, Apt. #, etc.
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City & State No MIAMI, FL	City & State No MIAMI, FL
Zip 33168	Zip 33168
Country USA	Country USA

4. FEI Number 65-0598154	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent
**GUERRESCHI, GLORIA
13780 NW 4 PLACE
NO MIAMI FL 33168**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Gloria Guerreschi* DATE **03/28/03**

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
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE TD	<input type="checkbox"/> Delete
NAME GUERRESCHI, GLORIA	
STREET ADDRESS 13780 NW. 4TH PL.	
CITY-ST-ZIP N. MIAMI FL 33168-4052	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME FIKE-HOLLAND, L LEE	
STREET ADDRESS 1300 N OCEAN BLVD #202	
CITY-ST-ZIP POMPANO BEACH FL 33062	
TITLE D-	<input type="checkbox"/> Delete
NAME MEYERS, DONNA K	
STREET ADDRESS 391 NW 35TH COURT	
CITY-ST-ZIP FORT LAUDERDALE FL 33309	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Gloria Guerreschi	
STREET ADDRESS 13780 N.W. 4th Place	
CITY-ST-ZIP North Miami, FL 33168-4052	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KAY, GINNY	
STREET ADDRESS 1100 SW 12th St. #C-108	
CITY-ST-ZIP FT. LAUDERDALE, FL, 33315	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gloria Guerreschi* DATE: **03/28/03** (305)681-5484

CR2E037 (10/02)