

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90060 004 ****61.25

DOCUMENT # N98000002061

1. Entity Name

WCY MUSIC BOOSTERS, INC.

Principal Place of Business

Mailing Address

901 NW 129 AVE. #711
 PEMBROKE PINES FL 33028

901 NW 129 AVE. #711
 PEMBROKE PINES FL 33028

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERTIERRA, SUSAN
 11311 NW 15TH PL
 PEMBROKE PINES FL 33026

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

Susan Pertierra (**SUSAN PERTIERRA**) **1/9/02**

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

pd ck # 1007 1/16/02

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	DP	<input checked="" type="checkbox"/> Delete
NAME	HYDES, SARAH	
STREET ADDRESS	13661 SW 18TH ST	
CITY-ST-ZIP	MIRAMAR FL 33026	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	ESTIMA, MARIA	
STREET ADDRESS	15982 S W 11TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, BARBARA	
STREET ADDRESS	1092 S W 159TH DR	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PERTIERRA, SUSAN	
STREET ADDRESS	11311 N W 15TH PL	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUM, DEBBIE	
STREET ADDRESS	11910 N.W. 22nd ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRY, PAM	
STREET ADDRESS	1520 N.W. 122nd AVE.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMSLAND, DEBBIE	
STREET ADDRESS	11931 N.W. 22nd ST.	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	- SAME -	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRTA GILBERT	
STREET ADDRESS	2110 NW 118th AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
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:

Susan Pertierra

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/02

Date

954-431-0278

Daytime Phone #

CR2E037 (9/01)