


**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 07, 2000 8:00 am**  
**Secretary of State**  
 09-07-2000 90036 040 \*\*\*\*70.00

**DOCUMENT # 737323**

1. Entity Name  
**M ENSEMBLE COMPANY**



Principal Place of Business: **12320 W DIXIE HWY  
 NORTH MIAMI FL 33161  
 US**


Mailing Address: **P.O BOX 1175  
 MIAMI FL 33168**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1773348** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GARNER, WINNIE  
 117 CALLE LARGO  
 HOLLYWOOD FL 33021**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GARNER, WINNIE</b>	
STREET ADDRESS	<b>117 CALLE LARGO</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, SAMUEL</b>	
STREET ADDRESS	<b>839 S BAHANMA DR</b>	
CITY-ST-ZIP	<b>TALLHASSEE FL</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWALM LAWHORN, PAMELA</b>	
STREET ADDRESS	<b>11710 SW 178 TERR</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAMES B. RANDOLPH</b>	
STREET ADDRESS	<b>1030 N.W. 18th Ave.</b>	
CITY-ST-ZIP	<b>Miami, Fla. 33161</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ruth Williams</b>	
STREET ADDRESS	<b>19501 East Country Drive bldg 9-408</b>	
CITY-ST-ZIP	<b>Aventura, FL 33180</b>	
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: **SIGNATURE REQUIRED** August 18, 2000 **954-964-3608**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)