

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760093

1. Entity Name

MUSICIANS EXCHANGE REFERRAL SERVICES, INC.

P

Principal Place of Business

C/O DON COHEN  
23 SW 22ND AVE  
FT. LAUDERDALE FL 33312

Mailing Address

C/O DON COHEN  
23 SW 22ND AVE  
FT. LAUDERDALE FL 33312-1434

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

59-2031295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COHEN, DON  
23 SW 22ND AVE  
FT. LAUDERDALE FL 33312

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

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

TITLE PD  
NAME COHEN, DONALD  
STREET ADDRESS 23 S.W. 22ND AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE VD  
NAME SEBA, MEL  
STREET ADDRESS 1116 NE 5TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33304 ☐ Delete

TITLE D  
NAME SMITH, JOEL  
STREET ADDRESS 8920 NW 14TH ST  
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Sep 18, 2000 8:00 am  
Secretary of State

09-18-2000 90148 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CF2E037 (9/99)

9-14-00 954-797-5086