## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # K58133** Jan 19, 2000 8:00 am **Secretary of State** ED'S GUITARS, INC. 01-19-2000 90310 043 \*\*\*150.00 Principal Place of Business Mailing Address 4047 S.W. 96TH AVENUE 4047 S.W. 96TH AVENUE MIAMI FL 33165-5104 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0092973 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired ... 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FEUER, JEFFREY M. Street Address (P.O. Box Number is Not Acceptable) 20466 S. DIXIE HIGHWAY **MIAMI FL 33189** 造成的位置。李的海。FL pomits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (9/99 ☐ Change Delete TITLE OLECK, MICHELLE M. NAME NAME STREET ADDRESS STREET ADDRESS 4047 SW 96TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Change Addition ☐ Delete PDC TITLE TITLE NAME OLECK, EDWARD WARREN NAME STREET ADDRESS STREET ADDRESS 4047 S.W. 96TH AVENUE CITY-ST-ZIP CITY-ST-ZIP : MIAMI FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other line empowered. SIGNATURE:

Daytime Phone #