

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K86200**

1. Entity Name
C SHARP MAJOR MUSIC INC.

FILED

03 MAY -8 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14311 NW Dixie Hwy

3. Mailing Address
P O Box 610956

Suite, Apt. #, etc.
P O Box 610956

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami Florida 33261

City & State
Miami Florida 33261

4. FEI Number
65-0117387

Applied For
Not Applicable

Zip Country

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Lavernn L. Kendrick**

Street Address (P.O. Box Number is Not Acceptable)
13725 NE 6th Avenue, #104

City **North Miami** **FL** Zip Code **33161**

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director / President
Lavernn L. Kendrick
13725 NE 6th Avenue, #104
N. Miami, FL 33161**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900019740309
05/22/03--01065--003 **150.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Lavernn Kendrick** 4/27/03 305-895-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)