

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016515

1. Entity Name

MUSE, LLC

**FILED**  
**Jul 17, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90018 019 \*\*\*\*\*5.00

07-17-2002 90139 005 \*\*\*\*\*50.00

Principal Place of Business

1608 WEST AVENUE  
MIAMI BEACH FL 33139

Mailing Address

1608 WEST AVENUE  
MIAMI BEACH FL 33139

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

65-1157220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
COLEY, LISA MARIE  
1608 WEST AVENUE  
MIAMI BEACH FL 33139 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
COLEY, LARA MARIE  
1608 WEST AVENUE  
MIAMI BEACH FL 33139 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DIAMANT, KIMBERLY ANN  
1608 WEST AVENUE  
MIAMI BEACH FL 33139 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-8-02

305-604-1280

CR2E083 (4/02)

# MUSE

---

## DECORS

Attachment  
970596

#FL01000016515

1608 West Av  
Miami Beach, FL 33139  
Tel: 305-604-1280  
Fax: 305-695-2709

Dear Sir or Madame,

Please find \$50.00 for the Uniform Business Report mailed to us this month. Upon receipt of this letter, I called to find out what it pertained to. The women I spoke to told us that this was owed in January and as it was not paid we might be fined \$500.00. I proceeded to tell her that our company has never received anything in the mail prior to this letter. She told me to just send in the \$50.00 owed and write a letter explaining we had never received anything. (This is probably due to our office confusion in the beginning of our setup.) We thank you very much for your time and cooperation in this matter.

Sincerely yours,

  
Lara Coley