9/5/2002-90042-044-$69.00-$69.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001925

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT -3 PM 12:01

1. Entity Name

PIANO LOVERS, INC.

Principal Place of Business	Mailing Address
6079 TOWN COLONY DR. NO. 1021 BOCA RATON FL 33433	6079 TOWN COLONY DR. NO. 1021 BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

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: **APPLIED FOR** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JULIAN H. KREEGER, P.A. 169 E FLAGLER ST, SUITE 1619 MIAMI FL 33131-1211	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

FEI 65-1062251 9/30/02

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 the obligations of registered agent.

SIGNATURE _____ DATE

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

After September 13, 2002, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KREEGER, ABRAM 6079 TOWN COLONY DR, NO. 1021 BOCA RATON FL 33433 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KREEGER, JULIAN H 169 E FLAGLER ST, SUITE 1619 MIAMI FL 33131-1211 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWKINS, LAWRENCE 3508 ANDERSON RD CORAL GABLES FL 33134 ☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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: Abraham R. Kreeger ED 8/31/02 561-218-0200

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