

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90020 003 ****61.25

DOCUMENT # N00000006165

1. Entity Name

MUSIGALS GROUP, INC.

Principal Place of Business

22272 HOLCOMB PLACE
 BOCA RATON FL 33428

Mailing Address

22272 HOLCOMB PLACE
 BOCA RATON FL 33428

2. Principal Place of Business

1180 S. Ocean Blvd

3. Mailing Address

1180 S. Ocean Blvd

Suite, Apt. #, etc.

16E

Suite, Apt. #, etc.

16E

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33432

Country

33432

Country

4. FEI Number

65-1018323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WATSON, ANN
 22272 HOLCOMB PLACE
 BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name WATSON, ANN

Street Address (P.O. Box Number is Not Acceptable)
 1180 S Ocean Blvd

APT 16E

City

BOCA RATON

FL

Zip Code

33432

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

4/13/01

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 **PT** NAME **ANN WATSON** ☐ Delete
 STREET ADDRESS **1180 S Ocean Blvd #16E**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **SV** NAME **MARIAD LIFTON** ☐ Delete
 STREET ADDRESS **6884 Palmar Ct**
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE **D** NAME **GAIL DOCKTOR** ☐ Delete
 STREET ADDRESS **9703 Arbor Oaks Ct #206**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **D** NAME **SALLY ETTINGER** ☐ Delete
 STREET ADDRESS **9141-A SW22nd St**
 CITY-ST-ZIP **Boca Raton FL 33433**

TITLE **D** NAME **Deborah Orger** ☐ Delete
 STREET ADDRESS **10039 53rd Way**
 CITY-ST-ZIP **Boynton Beach FL 33437**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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TITLE NAME ☐ Change ☐ Addition
 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:

ANN WATSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13

561 750 9391

Date

Daytime Phone #

CR2E037 (10/00)