

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91161 032 ****70.00

DOCUMENT # N00000008442

1. Entity Name

MIAMI MUSIC AND EDUCATION FOUNDATION, INC.

Principal Place of Business

3550 BISCAYNE BLVD SUITE 300
MIAMI FL 33137

Mailing Address

3550 BISCAYNE BLVD SUITE 300
MIAMI FL 33137

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 604

Suite, Apt. #, etc.

Suite 604

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1063090

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

MOSS, DANA M SR
3550 BISCAYNE BLVD SUITE 300
MIAMI FL 33137

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 604

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.

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **MOSS, DANA M SR**
STREET ADDRESS **8523 NW 164TH STREET**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DIAZ, MANUEL**
STREET ADDRESS **2665 S BAYSHORE DRIVE SUITE 200**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, RENE**
STREET ADDRESS **PO BOX 370-725**
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE: FLORENZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/03/01 (38) 573-8212
Date Daytime Phone #

CR2E037 (10/00)