

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90047 039 \*\*\*\*70.00

**DOCUMENT # N00000008442**

1. Entity Name

**MIAMI MUSIC AND EDUCATION FOUNDATION, INC.**

Principal Place of Business

3550 BISCAYNE BLVD  
 SUITE 604  
 MIAMI FL 33137

Mailing Address

3550 BISCAYNE BLVD  
 SUITE 604  
 MIAMI FL 33137

2. Principal Place of Business

150 S.E. 2nd Avenue

Suite, Apt. #, etc.

Suite 608

City & State

Miami, FL

Zip

33131

Country

U.S.

3. Mailing Address

150 S.E. 2nd Avenue

Suite, Apt. #, etc.

Suite 608

City & State

Miami, FL

Zip

33131

Country

U.S.



DO NOT WRITE IN THIS SPACE

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

MOSS, DANA M SR  
 3550 BISCAYNE BLVD  
 SUITE 604  
 MIAMI FL 33137

7. Name and Address of New Registered Agent

Name MOSS, Dana M. (Dr.)

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

150 S.E. 2nd Avenue, Suite 608

City Miami

FL

Zip Code 33131

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOSS, DANA M SR	
STREET ADDRESS	8523 NW 164TH STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DIAZ, MANUEL	
STREET ADDRESS	2665 S BAYSHORE DRIVE SUITE 200	
CITY-ST-ZIP	MIAMI-FL 33183	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, RENE	
STREET ADDRESS	PO BOX 370-725	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)