

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002061

1. Entity Name

WCY MUSIC BOOSTERS, INC.

Principal Place of Business

901 NW 129 AVE. #711
PEMBROKE PINES FL 33028

Mailing Address

901 NW 129 AVE. #711
PEMBROKE PINES FL 33028

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HARRY, PAMELA J
1520 N.W. 122 AVE.
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name **SUSAN PERTIERRA**

Street Address (P.O. Box Number is Not Acceptable)
11311 NW 15th PL.

City **PEMBROKE PINES** FL Zip Code **33026**

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

Susan Pertierra **SUSAN PERTIERRA / DIRECTOR / TREASURER** **1/31/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP HARRY, PAMELA J 1520 N.W. 122 AVE. PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HYDES, SARAH 13661 S.W. 18 STREET MIRAMAR FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ROBERTS, BARBARA 1092 S.W. 159 DRIVE PEMBROKE PINES FL 33027	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESSLER, SHARON 10671 N.W. 22 STREET PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HYDES, SARAH 13661 SW 18th ST. MIRAMAR, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESTIMA, MARIA 15982 SW 11th ST. PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PERTIERRA, SUSAN 11311 NW 15th PL. PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROBERTS, BARBARA 1092 S.W. 159th DR. PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Susan Pertierra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/01 **954-431-0278**
Date Daytime Phone #

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90267 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)