## 2003 NOT-FOR-PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N98000004937 FOUNDATION FOR THE PRESERVATION OF INDIGENOUS MU SIC. INC.

## **FILED** Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90056 045 \*\*\*\*61.25

110 USD 55  120 Marian Place of Business  130 Marian Address  140 Marian Place of Business  150								
SUITE 288 SUITE						77000056		
US 2. Principal Place of Buginess  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Expended For Registered Agent  6. Name and Address of Current Registered Agent  6. Name and Address of the Registered Agent  Address (P. Dox Number and Address of the Registered Agent  Address (P. Dox Number and Address of the Registered Agent  Address (P. Dox Number and Address of the Registered Agent  Address (P. Dox Number and Address of the Registered Agent  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address (P. Dox Number and Address of the Registered Agent)  Address (P. Dox Number and Address (P. Dox Number and Address of the Registered Agent)  A						11000039		
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No. Applicable   St. Country   Zip   Country   St. Certificase of Status Desired   St. Additional   St. Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
### Country   Zip   Country   S. Certificate of Status Desired   \$8,75 Addistonal   \$6,000	City & State		City & State	City & State		4. FEI Number 65-0860700 Applied For		
S. Name and Address of Current Registered Agent    MAHONEY, ROBERT F C.P.A	Zip		1 '	1		tus Desired L	Additional	
MAHONEY, ROBERT F C.P.A. 3801 IN FEDERAL HWY POMPANO BEACH FL 33-0694  Street Address Fo.G. (Box Number in your Acceptability) City Flow above named entity subrpits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.  International State of Flo				1 0 14 TE 6 TE 1 29-4-13		7 3-1	101100	
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Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution. Added to Fees   Florida Department of State    Trust Fund Contribution   Title	SIGNATURE DO TOTULO MULLA Praciolant April 16, 2003							
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MILLER, DOROTHEA A 1802 NORTH UNIVERSITY DRIVE #326  CITY-ST-ZIP  BROOKS, ETTOSI 90 NW 191 STREET  MIAMI FL 33169  Delete  WHYLIE, MARJORIE A 1802 NORTH UNIVERSITY DRIVE, #326  CITY-ST-ZIP  MIAMI FL 33169  Delete  MITLE  NAME SIREET ADDRESS CITY-ST-ZIP  MIAMI FL 33322  TITLE  MAMI FL 33169  Delete  MITLE  NAME SIREET ADDRESS CITY-ST-ZIP  MIAMI FL 33322  Delete  TITLE  NAME SIREET ADDRESS CITY-ST-ZIP  MITLE  MAME SIREET ADDRESS CITY-ST-ZIP  MITLE MAME SIREET ADDRESS CITY-ST-ZIP  MITLE MAME SIREET ADDRESS CITY-ST-ZIP  MITL	10.			11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTOF		
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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 the properties of the corporation of the

**SIGNATURE:** 

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