

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90734 049 ***150.00

DOCUMENT # **P000000015624**
1. Entity Name
Highgrade muzik workz inc.

DO NOT WRITE IN THIS SPACE

B0061652

| | | | |
|--|--|--|--|
| 2. Principal Place of Business 1330 NW 192 LN Suite, Apt. #, etc. Pembroke Pines, FL City & State 33029 Zip USA | | 3. Mailing Address 1330 NW 192 LN Suite, Apt. #, etc. Pembroke Pines, FL City & State 33029 Zip USA | |
|--|--|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 651082365 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

| | |
|---|--------------------------|
| Name Natasha Rose | |
| Street Address (P.O. Box Number is Not Acceptable) 1330 NW 192 LN | |
| City Pembroke Pines FL | Zip Code 33029 |

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 _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP P.T. Natasha Rose 1330 NW 192 LN - Pembroke Pines FL 33029 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Michael Ming K.M. 1330 NW 192 Lane Pembroke Pines FL 33029 | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-02 (954) 435-6050
Date Daytime Phone #

CR2E034B (12/01)