

# 2001 UNIFORM BUSINESS REPORT (UBR)

5.

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90047 021 \*\*\*150.00

DOCUMENT # **P00000027745**

1. Entity Name

**JUST SHEET MUSIC.COM, INC**

Principal Place of Business

Mailing Address

**11905 SW 6 ST**  
**MIAMI, FL 33184**

2. Principal Place of Business

3. Mailing Address

Subs, Apt. #, etc.

Subs, Apt. #, etc.

City & State

City & State

4. FEI Number

**05-1018121**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**Walter B. Lebowitz**  
**12555 Biscayne Blvd**  
**Suite 924**  
**MIAMI, FL 33181**

Name

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

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

**Walter B. Lebowitz**

**12555 Biscayne Blvd. suite 924, MIAMI FL 33181**

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when requesting)

DATE

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

☐

**FEINOW: FEE \$150.00**

**ARISE MAY 11 2001 Fee will be \$500.00**

**Make Check payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**PD Joseph Tausch**  
**11905 SW 6 ST**  
**MIAMI, FL 33184**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**STD Eric S. Tausch**  
**885 NE 79th St.**  
**MIAMI, FL 33138**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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CITY-STATE-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**X [Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

**4/29/01**

CR20034 (11/00)

**AD**