

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90020 021 \*\*\*150.00

0282856 AV

**DOCUMENT # P00000042631**

1. Entity Name

**MUSIC STAR INTERNATIONAL PRODUCTIONS, INC.**

Principal Place of Business

**4664 NW 97 PL  
 MIAMI FL 33178**

Mailing Address

**4664 NW 97 PL  
 MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

**3785 NW 82 AVE**

**3785 NW 82 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Ste 102**

**Ste 102**

City & State

City & State

**Miami, FL**

**Miami, FL**

Zip

Country

Zip

Country

**33166**

**Miami-Dade**

**33166**

**Miami-Dade**

6. Name and Address of Current Registered Agent

**FELDENKRAIS, MICHAEL**

**290 SW 165TH STREET, PLAZA 100**

**MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

**Lew de la Hoz**

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

**3785 NW 82 AVE Ste 102**

City

**Miami**

FL

Zip Code

**33166**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/21/02**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 ☐ Delete  
**P LEOPOLDO, BETANCOURT**  
 STREET ADDRESS **4664 NW 97 PL**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE NAME ☐ Delete  
**VP MENDEZ, YUMAR**  
 STREET ADDRESS **4664 NW 97 PL**  
 CITY-ST-ZIP **MIAMI FL 33178**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)