

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91167 047 \*\*\*150.00

**771154**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000055192

1. Entity Name  
**MAESTO MUSIC, INC.**

Principal Place of Business  
**12481 SW 97 ST.  
 MIAMI, FL 33186**

Mailing Address  
**12481 SW 97 ST.  
 MIAMI, FL 33186**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-101208**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THOMAS MAESTO  
 12481 SW 97 ST.  
 MIAMI, FL 33186**

7. Name and Address of New Registered Agent

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

(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) ☐

**FILE NOW!**  
**After MAY 1, 2001 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  
 STREET ADDRESS  
 CITY-STATE-ZIP  
**THOMAS MAESTO Pres., S.V.  
 12481 SW 97 ST.  
 MIAMI, FL 33186** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
 NAME  
 STREET ADDRESS  
 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I, as officer or director of the corporation or the receiver or trustee empowered to execute this report, have signed and filed this report, or on an attachment with an address, with all other like empowered officers or directors.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/24/01 (305) 274-5388**

CR2E034 (11/00)