

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90093 004 ***150.00

DOCUMENT # P00000056250

1. Entity Name
MUS, INC.

Principal Place of Business
**11000 PROSPERITY FARMS ROAD
 SUITE 104
 PALM BEACH GARDENS FL 33410**

Mailing Address
**11000 PROSPERITY FARMS ROAD
 SUITE 104
 PALM BEACH GARDENS FL 33410**

4 Rene + Associates

2. Principal Place of Business
219 WALTON Blvd
 Suite, Apt. #, etc.

3. Mailing Address
550 Heritage Dr
 Suite, Apt. #, etc.
#180

City & State
West Palm Beach FL
 Zip
33405 Country
Palm Beach

City & State
Jupiter FL
 Zip
33458 Country
Palm Beach

4. FEI Number
65-1020298

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEVERINI, MELISSA
 11000 PROSPERITY FARMS ROAD
 SUITE 104
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name
4 Rene + Assoc
 Street Address (P.O. Box Number is Not Acceptable)
550 Heritage Dr #180
 City
Jupiter FL Zip Code
33458

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!!! 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

☐ Delete

TITLE
PSTD
 NAME
PEVERINI, MELISSA
 STREET ADDRESS
228 OLEANDER AVE. #2
 CITY-ST-ZIP
PALM BEACH FL 33410

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
219 WALTON Blvd
West Palm Beach FL 33405

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-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 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 file 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 files empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)