

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083288

1. Entity Name

MARILOU MUSIC CENTER OF ORLANDO, INC.

(NC) LW

Principal Place of Business

Mailing Address

511 N SEMORAN BLVD. #A  
ORLANDO FL 32807

511 N SEMORAN BLVD. #A  
ORLANDO FL 32807

509 N. Semoran Blvd  
Orlando FL 32807

2. Principal Place of Business

3. Mailing Address

509 N. Semoran Blvd

511 N. Semoran Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando FL

City & State  
Orlando FL

Zip  
32807

Country  
USA

Zip  
32807

Country  
USA

4. FEI Number

59-3668049

Applied For

Not Applicable

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

GARCIA, JOSEPHINE

5095 SEMORAN BLVD - 509 N Semoran Blvd  
ORLANDO FL 32807

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

Josephine Garcia Josephine Garcia President 5-16-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, JOSE PHERZ 5095 SEMORAN BLVD ORLANDO FL 32807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARCIA, Josephine 509 N Semoran Blvd Orlando, FL 32807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Garcia Josephine 509 N. Semoran Blvd Orlando FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Josephine Garcia Josephine Garcia 4/19/02 275-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 29, 2002 8:00 am  
Secretary of State

05-05-2002 90300 030 \*\*\*150.00

87910

DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)