

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90384 041 ***158.75

DOCUMENT # P00000116627

1. Entity Name
MUSIC FEST MIAMI, INC.

Principal Place of Business
3550 BISCAYNE BLVD SUITE 300
MIAMI FL 33137

Mailing Address
3550 BISCAYNE BLVD SUITE 300
MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
150 S.E. 2nd Ave.
 Suite, Apt. #, etc.
608

3. Mailing Address
150 S.E. 2nd Ave
 Suite, Apt. #, etc.
608

City & State
Miami, Florida
 Zip
33131
 Country
USA

City & State
Miami, Florida
 Zip
33131
 Country
USA

4. FEI Number
65-1063090

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPENCE, MICHELLE
3550 BISCAYNE BLVD SUITE 300
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name
Spence, Michelle
 Street Address (P.O. Box Number is Not Acceptable)
150 S.E. 2nd Avenue
Suite 608
 City
Miami **FL** Zip Code
33131

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 **Michelle Spence** DATE **4/26/02**
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

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
DPS
 NAME
SPENCE, MICHELLE
 STREET ADDRESS
3550 BISCAYNE BLVD SUITE 300
 CITY-ST-ZIP
MIAMI FL 33137 ☐ Delete

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

TITLE
DVT
 NAME
OVERSTREET, VICTOR
 STREET ADDRESS
3550 BISCAYNE BLVD SUITE 300
 CITY-ST-ZIP
MIAMI FL 33137 ☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 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: **Michelle Spence**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 **(305) 393-0011**
Date Daytime Phone #

CR2E034 (9/01)