

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90262 018 \*\*\*150.00

**DOCUMENT # P01000032020**

**1. Entity Name**  
**DATABASS MUSIC AND MULTIMEDIA CORP.**



**Principal Place of Business**  
**20906 SPRINGS TERRACE**  
**BOCA RATON FL 33428**

**Mailing Address**  
**C/O JOSEPH D SYDNOR, CPA**  
**1005 KANE CONCOURSE, SUITE #203**  
**BAY HARBOR ISLANDS FL 33154**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 65-1097030**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

**LAUZARDO, MICHAEL A**  
**6813 MARIPOSA CIRCLE EAST**  
**PEMBROKE PINES FL 33331**

Name  
**Michael A. Lauzardo**  
Street Address (P.O. Box Number is Not Acceptable)  
**15549 Miami Lakeway North, #105**  
City **Miami Lakes** FL Zip Code **33014**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE *Michael A. Lauzardo* **Michael A. Lauzardo, Vice President**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **4/7/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD** ☐ Delete  
NAME **VU, JOHN TRUNG**  
STREET ADDRESS **20906 SPRINGS TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE **VD** ☐ Delete  
NAME **LAUZARDO, MICHAEL A**  
STREET ADDRESS **6813 MARIPOSA CIRCLE EAST**  
CITY-ST-ZIP **PEMBROKE PINES FL 33331**

TITLE **Vice President** ☒ Change ☐ Addition  
NAME **Michael A. Lauzardo**  
STREET ADDRESS **15549 Miami Lakeway North, #105**  
CITY-ST-ZIP **Miami Lakes, Florida 33014**

TITLE **SD** ☐ Delete  
NAME **KELLEY, MATTHEW P**  
STREET ADDRESS **20906 SPRINGS TERRACE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Joseph Surprenant**  
STREET ADDRESS **2320 Plum Court**  
CITY-ST-ZIP **Pembroke Pines, Florida 33026**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Michael A. Lauzardo* **Michael A. Lauzardo**  
Signature and typed or printed name of signing officer or director

Date **4/7/03**

Daytime Phone # **(305) 512-1340**

CR2E034 (10/02)