

102

2002
2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 16 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046308 1. Entity Name MUSSO ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

02-03

MRS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3841 ENVIRON BLVD. Suite, Apt. #, etc. #334 City & State LAUDERHILL FLORIDA	3. Mailing Address 3841 ENVIRON BLVD. Suite, Apt. #, etc. #334 City & State LAUDERHILL FLORIDA
Zip 33319 Country USA	Zip 33319 Country USA

4. FEI Number 65-1103563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name MICHAEL MUSSO	
Street Address (P.O. Box Number is Not Acceptable) 3841 ENVIRON BLVD.	
#334	
City LAUDERHILL	FL Zip Code 33319

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 Musso*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MICHAEL MUSSO 3841 ENVIRON BLVD. #334 LAUDERHILL FL 33319	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100025776571 12/26/03--01075--011 **300.
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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 on an attachment with an address, with all other files empowered.

SIGNATURE: *Michael Musso* **MICHAEL MUSSO** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED346(12/02)