

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000056581

1. Entity Name  
MUSIC AND ENTERTAINMENT GROUP ASSOCIATES, INC.

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90089 004 \*\*\*158.75

Principal Place of Business  
12000 BISCAYNE BLVD SUITE 103  
MIAMI FL 33181

Mailing Address  
12000 BISCAYNE BLVD SUITE 103  
MIAMI FL 33181



2. Principal Place of Business  
11900 Biscayne Blvd  
Suite, Apt. #, etc. 262

3. Mailing Address  
11900 Biscayne Blvd  
Suite, Apt. #, etc. #262

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL  
Zip 33181 Country U.S.

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4. FEI Number  
59-3723164  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MYATT, STANLEY  
12000 BISCAYNE BLVD SUITE 103  
MIAMI FL 33181

7. Name and Address of New Registered Agent  
Name DAVID BERMAN  
Street Address (P.O. Box Number Not Acceptable) 13500 N. Kendall Dr. #129  
City Miami FL Zip Code 33186

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 DAVID BERMAN 1/15/02  
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

TITLE	D -	<input type="checkbox"/> Delete
NAME	MYATT, STANLEY	
STREET ADDRESS	12000 BISCAYNE BLVD SUITE 103	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MARTIN	
STREET ADDRESS	12000 BISCAYNE BLVD SUITE 103	
CITY-ST-ZIP	MIAMI FL 33181	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director - President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Myatt	
STREET ADDRESS	11900 Biscayne Blvd #262	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	Director & Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Miller	
STREET ADDRESS	11900 Biscayne Blvd #262	
CITY-ST-ZIP	MIAMI, FL 33181	

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)