

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000060288

FILED  
Apr 29, 2002 8:00 AM  
Secretary of State

**Entity Name:** MISSING LINK RECORDS INCORPORATED

**Current Principal Place of Business:**

PO BOX 010349  
MIAMI, FL 33101

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 010349  
MIAMI, FL 33101

**New Mailing Address:**

**FEI Number:** 65-1085428

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILCRETTE, EVENS  
7421 NW MIAMI PLACE  
MIAMI, FL 33150

**Name and Address of New Registered Agent:**

MILCRETTE, EVENS  
7421 NW MIAMI PLACE  
MIAMI, FL 33150

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: EVENS MILCETTE

04/29/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MILCETTE, EVENS  
Address: PO BOX 010349  
City-St-Zip: MIAMI, FL 33101

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVENS MILCETTE

D

04/29/2002

Electronic Signature of Signing Officer or Director

Date