

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**  
 05-09-2002 90074 030 \*\*\*158.75

2002 UBR  
 AV

**DOCUMENT # P01000068944**

1. Entity Name

**SERENADE MUSIC INSTITUTE, INC.**

Principal Place of Business

**10701 NW 2 COURT  
 MIAMI FL 33168**

Mailing Address

**10701 NW 2 COURT  
 MIAMI FL 33168**

2. Principal Place of Business

**1576 NE 205 Terr.**

3. Mailing Address

**P.O. Box 694112**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Miami, FLORIDA**

City & State

**Miami FLORIDA**

Zip

**33179**

Country

**U.S.A**

Zip

**33269**

Country

**USA**

4. FEI Number

**65119996**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANCISQUE, ULGUITHE  
 10701 NW 2 COURT  
 MIAMI FL 33168**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **(Same agent) Ulgithe**

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

**4/23/02**  
 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** ☐ Delete  
 NAME **FRANCISQUE, ULGUITHE**  
 STREET ADDRESS **10701 NW 2 COURT**  
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **M = Managing Director** ☐ Change ☒ Addition  
 NAME **Teuchler Francisque**  
 STREET ADDRESS **10701 N.W 2nd Court**  
 CITY-ST-ZIP **Miami FLORIDA 33168**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Teuchler FRANCISQUE**  
 STREET ADDRESS **10701 N.W 2nd**  
 CITY-ST-ZIP **Miami FLORIDA 33168**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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

**4/23/02**  
 Date

**(305) 653-5353**  
 Daytime Phone #

CP2E034 (9/01)