## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 27, 2002 8:00 am § Secretary of State DOCUMENT # P01000070040 1. Entity Name REGGAE AND SOCA TOURING AGENCY, INC. 05-27-2002 90336 037 \*\*\*150.00 Principal Place of Business Mailing Address 5950 WEST OAKLAND PARK BLVD SUITE 103 5950 WEST OAKLAND PARK BLVD SUITE 103 LAUDERHILL FL 33313 LAUDERHILL FL 33313 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IVER POOL SPENCER, SHERNA Street Address 5950 WEST OAKLAND PARK BLVD SUITE 103 LAUDERHILL FL 33313 unrise os) of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. ---Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change Addition NAME SPENCER, SHERNA NAME 5950 WEST OAKLAND PARK BLVD SUITE 103 STREET ADDRESS STREET ADDRESS sland OK Blud CITY-ST-ZIP **LAUDERHILL FL 33313** CITY-ST-ZIP TITLE TITLE ☐ Delete Addition NAME CROSS, MOSES NAME STREET ADDRESS STREET ADORESS 5950 WEST OAKLAND PARK BLVD SUITE 103 CITY-ST-ZIP LAUDERHILL FL 33313 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing cloes 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 employees to execute this report as regulard by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 ly name appears in Block 11 or Block 12 if

SIGNATURE:

SIGNATURE AND TY G OFFICER OR DIRECTOR

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