

UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90427 030 ***150.00

DOCUMENT # **P01000109440**

1. Entity Name

MUSIC BUSINESS EDUCATION ASSOC

DO NOT WRITE IN THIS SPACE

670618

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10043 Winding Lakes ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 203

City & State

City & State

Sunrise, Florida

Zip

Zip

33351

Country

USA

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

John B Walker

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

4502 NW 36 COURT

Lauderdale Lakes

City

LAUDERDALE LAKES

FL

Zip Code

33313

DO NOT WRITE IN THIS SPACE

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

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P/C
John Walker
4502 NW 36 COURT
Lauderdale Lakes, FL 33313

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP/S/T
Grace Kewl
4502 NW 36 COURT
Lauderdale

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP/S/T
Grace Kewl
613 SW 20 Terrace #B
FORT LAUDERDALE, FL 33312

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/02 **931-530-7747**
 Date Daytime Phone #