

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90170 006 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

1/

DOCUMENT # **P02000109113**

1. Entity Name  
**BREWSTER'S BAND INSTRUMENT REPAIR, INC.**



**55051483**

Amendment



CHECK HERE IF MAKING CHANGES

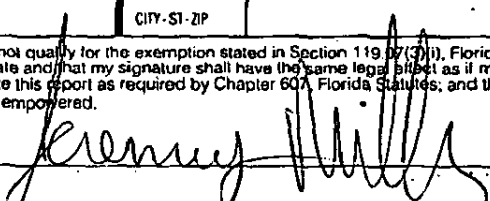
Principal Place of Business 7880 N. UNIVERSITY DRIVE SUITE #201 TAMARAC FL 33321		Mailing Address 7880 N. UNIVERSITY DRIVE SUITE #201 TAMARAC FL 33321		4. FEI Number 03-0495012		Applied For Not Applicable	
2. Principal Place of Business 2207 HOLLYWOOD BLVD Suite, Apt. #, etc.		3. Mailing Address 2207 HOLLYWOOD BLVD Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip 33020	Country USA	Zip 33020	Country USA	ROSEN, JEROME L 7880 N. UNIVERSITY DRIVE SUITE #201 TAMARAC FL 33321		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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, JEREMY			NAME	Jeremy Miller		
STREET ADDRESS	7880 N. UNIVERSITY DRIVE			STREET ADDRESS	7472 NW 33RD STREET		
CITY-ST-ZIP	TAMARAC FL 33321			CITY-ST-ZIP	LAUDERHILL, FL 33319		
TITLE	V.P.	<input type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Marshall Cooper			NAME	MARSHALL JAY COOPER		
STREET ADDRESS				STREET ADDRESS	9041 SW 55TH COURT		
CITY-ST-ZIP				CITY-ST-ZIP	COOPER CITY, FL 33328		
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			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEREMY MILLER 

10/01/03 P02000109113