

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046720

1. Entity Name

MUSICA, INC. II

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90161 032 \*\*\*150.00

Principal Place of Business

Mailing Address

440 ROYAL PALM WAY  
 SUITE 200  
 PALM BEACH FL 33480

C O L FRNK CHOPIN 440 RYL PLM WAY  
 STE 200  
 PALM BEACH FL 33480



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

505 S. Flagler Drive

Suite, Apt. #, etc.

Suite 300

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. FEI Number

65-0528773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, L. F  
 CHOPIN, MILLIER, & YUDENFREUND  
 440 ROYAL PAL WAY, STE 200  
 PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

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

505 S. Flagler Drive, Suite 300

City

West Palm Beach,

FL

Zip Code

33401

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DPS  
 CHOPIN, L. FRANK  
 440 ROYAL PALM WAY, STE 200  
 PALM BEACH FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 505 S. Flagler Drive, Suite 300  
 West Palm Beach, FL 33401 ☐ Change ☐ Addition

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

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

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

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

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

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 and all other like empowered.

SIGNATURE: REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

(561) 655-9500

Date

Daytime Phone #

CR2E034 (9/99)