

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90679 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000055447
1. Entity Name
BARON VON BIELSKI MUSIC, INC.



Principal Place of Business
1440 CORAL RIDGE DRIVE
SUITE 292
CORAL SPRINGS FL 33071
Mailing Address
1440 CORAL RIDGE DRIVE
SUITE 292
CORAL SPRINGS FL 33071

2. Principal Place of Business
4100 N. POWERLINE RD.
Suite, Apt. #, etc.
U-5
3. Mailing Address
4100 N. POWERLINE RD.
Suite, Apt. #, etc.
U-5

City & State
POMPANO BEACH FL
Zip
33078
Country
US
City & State
POMPANO BEACH FL
Zip
33073
Country
US

4. FEI Number 65-0426118
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BIELER, JASON
140 CORAL RIDGE DRIVE
SUITE 292
POMPANO BEACH FL 33071

7. Name and Address of New Registered Agent
Name
JASON BIELER
Street Address (P.O. Box Number is Not Acceptable)
4100 N. POWERLINE RD
SUITE U-5
City
POMPANO BEACH FL
Zip Code
33073

8. The above named party 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 JASON BIELER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 01-13-2003

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 NAME STREET ADDRESS CITY-ST-ZIP	D BIELER, JASON 899 W. CYPRESS CREEK ROAD, SUITE 321 FT. LAUDERDALE FL 33309 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JASON BIELER 4100 N POWERLINE RD SUE U-5 POMPANO BEACH FL 33073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON BIELER
Signature and typed or printed name of signing officer or director
Date 01-13-2003 Daytime Phone # 954 979-4781

CR2034 (10/02)