2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE

FILED DOCUMENT # **P94000019712** Apr 10, 2000 8:00 am Secretary of State GEORGE GREENE MUSIC, INC. 04-10-2000 90011 023 ***150.00 Mailing Address Principal Place of Business 711 N PINE IS RD APT 112 711 N PINE IS RD APT 112 PLANTATION FL 33324 PLANTATION FL 33437-6418 2. Principal Place of Business 3. Mailing Address CHORALE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEł Number 65-0550903 Not Applicable DOYNTON \$8.75 Additional 5. Certificate of Status Desired 334 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERR, CYNTHIA L P.A. Street Address (P.O. Box Number is Not Acceptable) 17001 N.E. 6TH AVENUE NORTH MIAMI BEACH FL 33162 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition DIK INII PD ☐ Delete TITLE TITLE GREENBERG, GEORGE NAME NAME 7463 CHORALE ROAD STREET ADDRESS 711 PINE IS RD STREET ADDRESS BOYNTON BEACH, FL. 33437 CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-7IP П Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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