

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022853

1. Entity Name

INTERMUSICA, INC.

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

05-08-2000 90161 039 ***150.00

Principal Place of Business

440 ROYAL PALM WAY
 #200
 PALM BEACH FL 33480
 US

Mailing Address

C/O L. FRANK CHOPIN
 440 ROYAL PALM WAY, SUITE 200
 PALM BEACH FL 33480-4142
 US

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0495514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHOPIN, FRANK L
 440 ROYAL PALM WAY
 SUITE 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	PST	<input type="checkbox"/> Delete
NAME	CHOPIN, L. FRANK	
STREET ADDRESS	440 ROYAL PALM WAY, SUITE 200	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOPIN, FRANK L	
STREET ADDRESS	440 ROYAL PALM WAY STE 200	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	505 S. Flagler Drive, Suite 300
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	505 S. Flagler Drive, Suite 300
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 with all officer or trustee empowered.

SIGNATURE:

NOTARIZATION REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(561) 655-9500

Daytime Phone #