

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90376 015 \*\*\*150.00

0233075

**DOCUMENT # P96000021396**

1. Entity Name  
**THE PIANIST, INC.**

Principal Place of Business <b>1341 SW 124TH COURT          UNIT C          MIAMI FL 33184          US</b>	Mailing Address <b>1341 SW 124TH COURT          UNIT C          MIAMI FL 33184          US</b>
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**301186**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>8390 SW 154th AVE</b>		3. Mailing Address <b>8390 SW 154th AVE</b>		4. FEI Number <b>65-0650014</b>		Applied For
Suite, Apt. #, etc. <b>48</b>		Suite, Apt. #, etc. <b>48</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable
Zip <b>33193</b>	Country <b>U S A</b>	Zip <b>33193</b>	Country <b>U S A</b>			

6. Name and Address of Current Registered Agent <b>OLMOS, DULCE M 1341 SW 124TH COURT UNIT C MIAMI FL 33184</b>				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Acceptable) <b>8390 SW 154th AVE</b>			
				# <b>48</b>			
				City <b>MIAMI</b>		Zip Code <b>33193</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P OLMOS, DULCE M 1341 SW 124TH CT UNIT C MIAMI FL 33184</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8390 SW 154th AVE # 48 MIAMI FL 33193</b>	<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	
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	
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	

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 other like empowered.

SIGNATURE: *[Signature]* **04-18-01** (305)408-1946  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)