

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90064 039 \*\*\*150.00

**DOCUMENT # P96000084735**

1. Entity Name  
**BASSIC MUSIC INC.**

Principal Place of Business

7225 MIAMI LAKES DRIVE  
 APT. C-24  
 MIAMI LAKES FL 33014

Mailing Address

7225 MIAMI LAKES DRIVE  
 APT. C-24  
 MIAMI LAKES FL 33014

2. Principal Place of Business

3473 S.W. 170th Ter.

Suite, Apt. #, etc.

3. Mailing Address

3473 S.W. 170th Ter.

Suite, Apt. #, etc.

City & State

Miramar FL

City & State

Miramar, FL

4. FEI Number

65-0702248

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
 Fee Required

6. Name and Address of Current Registered Agent

ORTA, NICKY  
 7225 MIAMI LAKES DRIVE  
 APT. C-24  
 MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Orta, Nicky

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

3473 SW 170th Ter.

City

Miramar

FL

Zip Code

33027

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

Nicky Orta

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ORTA, NICKY	
STREET ADDRESS	7225 MIAMI LAKES DR., #C-24	
CITY-ST-ZIP	MIAMI LAKES 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	D Orta, Nicky	
STREET ADDRESS	3473 SW 170th Ter.	
CITY-ST-ZIP	Miramar, FL 33027	
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 other like empowered.

SIGNATURE: Nicky Orta NICKY ORTA  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/01

Date

(954)443-9914

Daytime Phone #

CR2E034 (10/00)