

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016942

1. Entity Name
MAXI SOUND MUSIC HALL, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91180 026 ***150.00

Principal Place of Business
11854 WEST DIXIE HIGHWAY
MIAMI FL 33161

Mailing Address
11854 WEST DIXIE HIGHWAY
MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0738149

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIMMER, ALIX
8960 NW 26 STREET
SUNRISE FL 33322

Name

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

City

FL

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TIMMER, ALIX
STREET ADDRESS 8900 NW 26 ST
CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete

TITLE PD
NAME HENSY B TIMMER
STREET ADDRESS 8960 NW 26 ST
CITY-ST-ZIP SUNRISE FL 33322 ☒ Change ☐ Addition

TITLE TD
NAME BARON, HENSY D
STREET ADDRESS 8960 NW 26ST
CITY-ST-ZIP FORT LAUDERDALE FL 33322 ☐ Delete

TITLE TD
NAME Timmer, ALIX
STREET ADDRESS 8960 NW 26 ST
CITY-ST-ZIP SUNRISE FL 33322 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)