FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 19, 2002 8:00 am P97000060170 DOCUMENT # **Secretary of State** 1. Entity Name 02-19-2002 90077 032 \*\*\*150.00 MIAM! MUSIC COMPANY Principal Place of Business Mailing Address 1301 PARRILLA DE AVILA 1301 PARRILLA DE AVILA **TAMPA FL 33613 TAMPA FL 33613** US us 2. Principal Place of Business 3. Mailing Address 2117 DEKLE 2117 DEKLE AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ħ City & State City & State 4. FEI Number Applied For 65-0770550 TAMPA Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA حک 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or prin od name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01) Change ☐ Addition TITLE Delete TITLE BENVAMIN C OLDER NAME OLDER, BENJAMIN C NAME 2117 DEKLENE, APT HI CR2E034 **4301 PARNLLA DE AUILA** STREET ADDRESS STREET ADDRESS CiTY-ST-7IE CITY-ST-ZIP TAMPA FL 33613 336**0**6 Change TITLE ST ☐ Delete TITLE Addition NAME OLDER, LOIS R NAME STREET ADDRESS STREET ADDRESS 1301-PARILLA DE AVILA CITY-ST-7IP CITY-ST-ZIE TAMPA FL 33613 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.