

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90063 047 \*\*\*150.00

**DOCUMENT #** P98 000028655  
**1. Entity Name** Mirror Music Inc.

**Principal Place of Business** 920 SW 18<sup>th</sup> St  
 Fort Lauderdale, FL 33315  
**Mailing Address** POB 350625  
 Fort Lauderdale, FL 33335

**2. Principal Place of Business** 745 W. Las Olas Blvd.  
 Suite, Apt. #, etc.  
**3. Mailing Address** PO Box 350564  
 Suite, Apt. #, etc.

**City & State** Fort Lauderdale, FL  
**City & State** Fort Lauderdale, FL  
**Zip** 33312 **Country** U.S.A.  
**Zip** 33335 **Country** U.S.A.

**4. FEI Number** 65-0838213  
**Applied For** ☐ Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 Steve Boone  
 1745 W. Las Olas Blvd.  
 Fort Lauderdale, FL 33312

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Steve Boone (President)	TITLE	
NAME	Steve Boone	NAME	
STREET ADDRESS	1745 W. Las Olas Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	CITY-ST-ZIP	
TITLE	Sec/Treas.	TITLE	
NAME	Lena Yester	NAME	
STREET ADDRESS	1745 W. Las Olas Blvd.	STREET ADDRESS	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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.**

**SIGNATURE:** Steve Boone  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Date** 4/8/00 **Daytime Phone #** 954-524-7426

CR2E034 (9/99)