

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90369 011 \*\*\*150.00

**DOCUMENT # P98000053418**

1. Entity Name

**DIVINE INTERVENTION MUSIC, INC.**

Principal Place of Business

**11401 SE 147 ST  
MIAMI FL 33176**

Mailing Address

**11401 SE 147 ST  
MIAMI FL 33176**

2. Principal Place of Business

**11401 SW 147 STREET**

3. Mailing Address

**31 EAST MERRICK RD**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**MIAMI, FLORIDA**

City & State

**VALLEY STREAM, NY**

Zip

**33176**

Country

**USA**

Zip

**11580**

Country

**USA**

4. FEI Number

**65-0844455**

Applied For

☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAWTHORNE, ANTHONY  
4011401 SW 147 ST  
MIAMI FL 33186**

7. Name and Address of New Registered Agent

Name **HAWTHORNE, ANTHONY**  
Street Address (P.O. Box Number is Not Acceptable) **11401 SW 147 STREET.**  
City **MIAMI** FL Zip Code **33176**

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

**APRIL 4, 2002**

☒ 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**

☒ Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HAWTHORNE, ANTHONY</b>	
STREET ADDRESS	<b>14913 S.W. 143RD COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MERIT, PATRICK</b>	
STREET ADDRESS	<b>11401 S.W. 147TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33176</b>	
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	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWTHORNE, ANTHONY</b>	
STREET ADDRESS	<b>31 EAST MERRICK ROAD</b>	
CITY-ST-ZIP	<b>VALLEYSTREAM, NY 11580</b>	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 4, 2002 (516) 841-4969**

Date

Daytime Phone #

CR2E034 (9/01)