

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 20, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P98000067894**1. Entity Name  
MUSA HOLDINGS, INC.

|  |  |
|--|--|
| Principal Place of Business<br>3701 SOUTH CONGRESS AVENUE<br><br>LAKE WORTH FL 33461 | Mailing Address<br>3701 SOUTH CONGRESS AVENUE<br><br>LAKE WORTH FL 33461 |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br>3801 SOUTH CONGRESS AVENUE | 3. Mailing Address<br>3801 SOUTH CONGRESS AVENUE |
|--|--|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>LAKE WORTH FL | City & State<br>LAKE WORTH FL |
|-------------------------------|-------------------------------|

|              |         |              |         |
|--------------|---------|--------------|---------|
| Zip<br>33461 | Country | Zip<br>33461 | Country |
|--------------|---------|--------------|---------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0861735</b> | Applied For<br>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**ZIFRONY MATTHEW ESQ.  
110 SOUTHEAST 6TH STREET  
15TH FLOOR  
FORT LAUDERDALE FL 33301 US**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 **MATTHEW ZIFRONY, ESQ.**

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

(NOTE: Registered Agent signature required when reinstating)

**06/20/2001**

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, 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          | VD                         | <input type="checkbox"/> Delete |
| NAME           | MUSA MARC A                |                                 |
| STREET ADDRESS | 3701 S CONGRESS AVE        |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33461        |                                 |
| TITLE          | VD                         | <input type="checkbox"/> Delete |
| NAME           | MUSA MASSIMO               |                                 |
| STREET ADDRESS | 3701 SOUTH CONGRESS AVENUE |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33461        |                                 |
| TITLE          | DP                         | <input type="checkbox"/> Delete |
| NAME           | MUSA MARCO                 |                                 |
| STREET ADDRESS | 3701 SOUTH CONGRESS AVENUE |                                 |
| CITY-ST-ZIP    | LAKE WORTH FL 33461        |                                 |
| 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          | VD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MUSA MARC A                |  |
| STREET ADDRESS | 3801 S CONGRESS AVE        |  |
| CITY-ST-ZIP    | LAKE WORTH FL 33461        |  |
| TITLE          | VD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MUSA MASSIMO               |  |
| STREET ADDRESS | 3801 SOUTH CONGRESS AVENUE |  |
| CITY-ST-ZIP    | LAKE WORTH FL 33461        |  |
| TITLE          | DP                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | MUSA MARCO                 |  |
| STREET ADDRESS | 3801 SOUTH CONGRESS AVENUE |  |
| CITY-ST-ZIP    | LAKE WORTH FL 33461        |  |
| 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: Marco Musa**

D

**06/20/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)