

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000099672**

1. Entity Name

MUSIC ASSOCIATES, INC.**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90131 017 ***150.00

Principal Place of Business

Mailing Address

**8360 STATE RD 84
FT LAUDERDALE FL 33324****8360 STATE RD 84
FT LAUDERDALE FL 33324-4546****AVU21384**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0878165Applied 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

**COBER CORPORATE AGENTS INC.
2601 S. BAYSHORE DR.
19TH FL
MIAMI FL 33133**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	NORKIN, GARY	
STREET ADDRESS	8360 STATE RD. 84	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	

TITLE	DS	<input type="checkbox"/> Delete
NAME	STABILE, BETH	
STREET ADDRESS	8360 STATE RD 84	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	

TITLE	DV	<input type="checkbox"/> Delete
NAME	MELLMAN, STEVEN	
STREET ADDRESS	8360 STATE RD 84	
CITY-ST-ZIP	FT LAUDERDALE FL 33324	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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

GARY M NORKIN**2/8/2000****954-382-0021**

Date

Daytime Phone #