

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010899

1. Entity Name

GRANDSTAFF MUSICAL PRODUCTIONS, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90023 032 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O LAW OFFICES OF MARJORIE E. WOLASKY  
7103 SW 102ND AVENUE - SUITE A  
MIAMI FL 33173

C/O LAW OFFICES OF MARJORIE E. WOLASKY  
7103 SW 102ND AVENUE - SUITE A  
MIAMI FL 33173-1364



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7685 SW 104 STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

220

City & State

MIAMI, FLORIDA

City & State

4. FEI Number

65-0913515

Applied For

Not Applicable

Zip

33156

Country

U.S.A.

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

WOLASKY, MARJORIE E  
7103 SW 102ND AVENUE  
SUITE A  
MIAMI FL 33173

Name

WOLASKY, MARJORIE E.

Street Address (P.O. Box Number is Not Acceptable)

7685 SW 104 STREET

SUITE 220

City

MIAMI

FL

Zip Code

33156

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

*Marjorie E. Wolasky*

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MALING, KEITH V	
STREET ADDRESS	C/O 7103 SW 102ND AVENUE #A	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAN SCHAIK, MICHAEL	
STREET ADDRESS	C/O 7103 SW 102ND AVENUE #A	
CITY-ST-ZIP	MIAMI FL 33173	
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	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALING, KEITH V.	
STREET ADDRESS	C/O 7685 SW 104 STREET, #220	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SCHAIK, MICHAEL K.	
STREET ADDRESS	C/O 7685 SW 104 STREET, #220	
CITY-ST-ZIP	MIAMI, FL 33156	
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:

*Keith V. Maling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-235-2969

CR2E034 (9/99)