

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028695

1. Entity Name

MUSAM, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90196 048 ***150.00

Principal Place of Business

1390 BRICKELL AVE STE 200
MIAMI FL 33131

Mailing Address

1390 BRICKELL AVE STE 200
MIAMI FL 33131-3322

2. Principal Place of Business

7311 NW 12th (Ste 16)

Suite, Apt. #, etc.

Suite 16

City & State
Miami, FL

Zip
33126

Country

3. Mailing Address

7311 NW 12th

Suite, Apt. #, etc.

Suite 16

City & State
Miami

Zip

FL

Country

33126



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

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

POWELL-COSIO, SOFIA
1390 BRICKELL AVE STE 200
MIAMI FL 33131

Name

Delphine Hocquard

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

7311 NW 12th ST (ste 16)

City

Miami

FL

33126

Zip Code

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 D Hocquard Delphine Hocquard

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

(NOTE: Registered Agent signature required when reinstating)

04/12/2000
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	HOCQUARD, DELPHINE	
STREET ADDRESS	1390 BRICKELL AVE STE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOCQUARD, JEAN F	
STREET ADDRESS	1390 BRICKELL AVE STE 200	
CITY-ST-ZIP	MIAMI FL 33131	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCQUARD, Delphine	
STREET ADDRESS	7720 SW 79th Court	
CITY-ST-ZIP	Miami FL 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOCQUARD, Jean F	
STREET ADDRESS	7311 NW 12th ST (ste 16)	
CITY-ST-ZIP	Miami, FL 33126	
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: D Hocquard Delphine Hocquard 04/12/2000 (305) 639 9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)