

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066387

1. Entity Name

BLUE DAISY MUSIC, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90079 002 ***150.00

Principal Place of Business

11077 BISCAYNE BLVD., STE. 200
MIAMI FL 33161

Mailing Address

11077 BISCAYNE BLVD., STE. 200
MIAMI FL 33161-7419

2. Principal Place of Business

3800 N. MIAMI AVE

3. Mailing Address

3800 N. MIAMI AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL 33127

4. FEI Number

65-0998809

Applied For

Not Applicable

Zip

Country

33127

Zip

Country

33127

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WAYNE, CHRISTOPHER
4302 ALTON RD., STE. 1020
MIAMI BEACH FL 33114

7. Name and Address of New Registered Agent

Name

CHRISTOPHER WAYNE

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

3800 N. MIAMI AVE.

City

MIAMI

FL

Zip Code

33127

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/2000

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

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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.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
WAYNE, CHRISTOPHER
11077 BISCAYNE BLVD., STE. 200
MIAMI FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

Date

Daytime Phone #

4/27/2000 (305) 576-4800

CR2E034 (9/99)