

2000 UNIFORM BUSINESS REPORT (UBR)

56/17/00-90870-028-\$150.00-\$150.00

DOCUMENT # P99000077636

1. Entity Name

MASSAJ MUSIK, INC.

Principal Place of Business

Mailing Address

13055 W DIXIE HWY
N MIAMI FL 33161

13055 W DIXIE HWY
N MIAMI FL 33161-4951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

HENRY, DANIEL
13055 W DIXIE HWY
N MIAMI FL 33162

20885 NW 9th #105
N MIAMI FL 33169

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 State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PST	HENRY, DANIEL	13055 W DIXIE HWY	N MIAMI FL 33162	<input type="checkbox"/>
VP	Frantz Jimelhe	82 NW 69th	MIAMI FL 33138	<input type="checkbox"/>
T	Guipsson Balhazar	320 NE 118	N MIAMI FL 33161	<input type="checkbox"/>
S	Ronald Paulin	20885 NW 9th #105	N MIAMI FL 33169	<input type="checkbox"/>
VT	Stanley Pierre	1645 NE 126 SE #3	N MIAMI FL 33161	<input type="checkbox"/>
Officer	Roy, Daniel Rene			<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 names empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00

Date

305-926-7442

City/State Phone #

FILED

00 AUG 10 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

06/25/00 11:59