2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077636

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90047 015 ***150.00

1. Entity Name
Massaj Music Inc.

Principal Place of Business | Mailing Address

770178

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
13055 W. Dixie Hwy.		1549 NE 164 St	
Suite, Apt. #, etc. MASSAJ MUSIC, INC		Suite, Apt. # etc.	
City & State [illegible]		City & State Miami, Fl	
Zip 33161	Country USA	Zip 33162	Country USA

4. FEI Number 65-1035660 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Henry, Dannell
20885 NW 9 Ave #105
Miami, Fl 33169

7. Name and Address of New Registered Agent
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]
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, 2001 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

	Entry	
TITLE	PST	☐ Delete
NAME	HENRY, DANNEL	
STREET ADDRESS	20885 NW 9 Ave #105	
CITY-ST-ZIP	N. Miami, Fl 33169	
TITLE	VP	☐ Delete
NAME	Thimothe Frantz	
STREET ADDRESS	92 NW 69 ct	
CITY-ST-ZIP		
TITLE	T.	☐ Delete
NAME	Baltazar Guipeson	
STREET ADDRESS	329 NE 118 St	
CITY-ST-ZIP		
TITLE	S	☐ Delete
NAME	Pauliu Ronald	
STREET ADDRESS	20885 NW 9 Ave # 105	
CITY-ST-ZIP		
TITLE	VT	☐ Delete
NAME	Pierre Stanley	
STREET ADDRESS	1645 NE 126 St	
CITY-ST-ZIP		
TITLE	D	☐ Delete
NAME	Roy Daniel Rene	
STREET ADDRESS	13055 West Dixie Hw.	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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] President 4/29-01 (305)9267442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #