

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State
 04-27-2000 90100 012 ***158.75

B0077586

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99 000080855

1. Entity Name
 World Muse & Company, Inc.

Principal Place of Business
 709 Southeast 19th Street #3
 Fort Lauderdale Florida
 33346-0411 33346

Mailing Address
 P.O. Box 460416
 Fort Lauderdale Florida
 33346-0416

2. Principal Place of Business
 2315 Adams Street
 Suite, Apt. #, etc.
 26
 City & State
 Hollywood Florida
 Zip Country
 33020 USA

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 65-0945030

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
 Aimee Grace Range
 2315 Adams Street #26
 Hollywood Florida 33020

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 _____ (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 PRESIDENT	<input type="checkbox"/> Delete
NAME Aimee Grace	
STREET ADDRESS 2315 ADAMS ST #26 HOLLYWOOD FL	
CITY-ST-ZIP 33020	
TITLE TREASURER	<input type="checkbox"/> Delete
NAME CONSTANCE WILLIAMS	
STREET ADDRESS 18 PARK ROAD	
CITY-ST-ZIP COLLIERSWOOD WIMBORNE LONDON UK	
TITLE SECRETARY	<input type="checkbox"/> Delete
NAME AIMEE GRACE	
STREET ADDRESS 2315 ADAMS STREET #26 HOLLYWOOD FL	
CITY-ST-ZIP 33020	
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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:  **AIMEE GRACE** **04/19/00** **954) 484-4581**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)