


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 NOV -3 PM 4: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# P99000106333  
1. Entity Name  
**MUSAKI CORPORATION**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**640 CYPRESS POINT DR E**  
Suite, Apt. #, etc.

3. Mailing Address  
**640 CYPRESS POINT DR E**  
Suite, Apt. #, etc.

**REINSTATEMENT 02-03**  
DO NOT WRITE IN THIS SPACE

City & State  
**PEMBROKE PINES, FL**

City & State  
**PEMB. PINES, FL**

Zip  
**33027** Country  
**USA**

Zip  
**33027** Country  
**USA**

4. FEI Number  
**65-0976094**

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**TOVAR, ILEANA**

Street Address (P.O. Box Number is Not Acceptable)  
**18459 PINES BLVD, # 342**

City  
**PEMB. PINES** FL Zip Code  
**33029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD LIGIA MUCCI 640 CYPRESS POINT DR EAST PEMB PINES, FL 33027</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200023237132 07/21/03--01028--001 **\$600.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200023237132 09/22/03--01029--002 **\$600.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 supplementary 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 10 or on an attachment with an address, with all other like provisions.

SIGNATURE: \_\_\_\_\_ (NOTE: Signature and typed or printed name of signing officer or director) \_\_\_\_\_ Date **09/19/03** Daytime Phone # **(954) 432-9420**

CR2E034B (12/02)

**MUSAKI CORPORATION.**

September 19th, 2003

Florida Department of State  
Reinstatement Section  
PO BOX 6327  
Tallahassee FL 32314

**RE MUSAKI COPORATION**  
**Doc. Number: P99000106333**

Dear Sir/Madam:

This letter is written regarding a Reinstatement of the above-mentioned corporation.

Regarding the 2002 and 2003 Annual Report for this Corporation, we were in a foreign country by the time of both renewals. Please take this explanation as an apology in our part, and accept this UBR 2002 and 2003 with the information you needed signed by the new registered agent and kindly reinstate our Corporation. Again, we apologize for any inconvenience.

Very Truly Yours.

**MUSAKI CORPORATION**

  
LIGIA MUCI  
*President-Director*