**2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N0200007427

## COMMUNITY ARTS AND CULTURE, INC.



**FILED** Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90144 009 \*\*\*\*61.25

Principal Place of Business  12 N.E. 51 ST.  MIAMI FL 33137  2. Principal Place of Business  SAME  Suite, Apt. #, etc.	Mailing Address 12 N.E. 51 ST. MIAM! FL 33137  3. Mailing Address SAME Suite, Apt. #, etc.		CHECK HERE IF MA	)
City & State  S MME  Zip Country	SAME SAME		4. FEI Number 1641289	Applied For Not Applicable \$8.75 Additional
5 AME U.S.A. LOUIS	SAME	Country V-5-A	Certificate of Status Desired      Name and Address of New Register	Fee Required
ELIAS, JOSE M  12 N.E. 51 ST.  MIAMI FL  Street Address (P.O. Box Number is Not Acceptable)  City  S.A.R.  City  S.A.R.  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 Signature, typed or printed name of redistered agent an		Registered Agent signatur	required when reinstating)	4 25 03
FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co			heck Payable to epartment of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP  OFFICERS AND DIRI  P ELJAS, JOSE M 12 N.E 51 ST. MIAMI FL 33137	CTORS  Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AN T ELIAS LEONIDES H. 6938 W. 25 CT. Hialeah, Fl. 37016	D DIRECTORS IN 10  Change
TITLE VP  CHAMBERLIN, FLORENCE ESQ.  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33140	☐ Delete	TITLE  NAME  STREET ADDRESS  COTY-ST-ZIP	D LEVY KARELLE 539 NE 67 ST MIDNIT FIT 33138	☐ Change ☐ Addition
NAME STREET ADDRESS CITY- ST-ZIP STAGE STAGE STAGE STAGE GONZALEZ, MARIA M 4524 HARRISON ST. HOLLYWOOD FL 33021	☐ Delete	TITLE NAME	S Gonzalez, Maria M 4524 Harrison ST. Hollywood, FL. 33021	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 UTAZU, CĒLING 337 MENDOZA ST. MIRMI, FL. 33134	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with t	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

305 531 -7166