

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90006 016 *****70.00

0045497

DOCUMENT # N19103

1. Entity Name

SYMPHONY OF THE AMERICAS, INC.

Principal Place of Business

Mailing Address

3300 N FEDERAL HWY #214
 FT. LAUDERDALE FL 33306

3300 N FEDERAL HWY #214
 FT. LAUDERDALE FL 33306

2. Principal Place of Business

199 N. Ocean Blvd

3. Mailing Address

199 N. Ocean Blvd

Suite, Apt. #, etc.

Suite #200

Suite, Apt. #, etc.

Suite #200

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33062

Country

USA

Zip

33062

Country

USA

4. FEI Number

65-0157441

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

KEISER, JUDITH E
 ENGLISH MCCAUGHAN & O'BRYAN
 100 N.E. 3RD AVE.
 FT. LAUDERDALE FL 33301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE: COOD
 NAME: KEISER, JUDY
 STREET ADDRESS: 100 N. ANDREWS AVE. NE. 3RD AVE
 CITY-ST-ZIP: FT LAUDERDALE FL 33301

☐ Delete

TITLE: VD
 NAME: LABONTE, RENEE
 STREET ADDRESS: 51 CAYUGA RD
 CITY-ST-ZIP: FT. LAUDERDALE FL 33308

☐ Delete

TITLE: SD
 NAME: KAUFMAN, MARION
 STREET ADDRESS: 561 BAYSHORE DR., #6
 CITY-ST-ZIP: FT. LAUDERDALE FL

☒ Delete

TITLE: TD
 NAME: QUINN, RENEE
 STREET ADDRESS: 100 N. ANDREWS AVE
 CITY-ST-ZIP: FORT LAUDERDALE FL 33301

☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: COOD
 NAME: Keiser, Judy
 STREET ADDRESS: 100 NE 3RD AVE.
 CITY-ST-ZIP: Ft. Lauderdale FL 33301

☒ Change

☐ Addition

TITLE: VD
 NAME: LABONTE, RENEE
 STREET ADDRESS: 51 Cayuga Rd
 CITY-ST-ZIP: Ft. Lauderdale FL 33308

☐ Change

☐ Addition

TITLE: SD
 NAME: Betty Lynch
 STREET ADDRESS: 4300 N. Ocean Blvd. #4B
 CITY-ST-ZIP: Ft Lauderdale, FL 33308

☒ Change

☐ Addition

TITLE: TD
 NAME: Quinn, Renee
 STREET ADDRESS: 100 NE 3RD AVE
 CITY-ST-ZIP: Ft. Lauderdale FL 33301

☐ Change

☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Change

☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

☐ Change

☐ Addition

12. 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 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:

Renée LaBonte **SIGNATURE REQUIRED** Renée LaBonte

4/21/01

954-561-5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)