## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 24, 2002 8:00 am | Secretary of State **DOCUMENT # N41326** 04-24-2002 90294 046 \*\*\*\*61.25 INTERNATIONAL FOUNDATION FOR THE ARTS, INC. Principal Place of Business Mailing Address 2. O. BOX <del>400002</del> 2166 P. O. BOX 490902- 2160 MANNET STON Belm Beach, El 1. 33149 US 33480-2160 33480-2160 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0271027 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PEARSON, SHELLY 8525 Pine Cay 121 CRANDON BLVD: SLITE 149 KEY BISCAYNE 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 DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change NAME AMBROSINO, GENARO NAME STREET ADDRESS 769 NE 125TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33161 CITY-ST-ZIP TITI F ☐ Delete TITLE Change ☐ Addition NAME PEARSON, JOHN S., JR. NAME 121 GRANDON BLVD: 8525 Pine Cay KEY-BISCAYNE FL Wort Palm Beach L 33411 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME PEARSON, SHELLY NAME 121 CRANDON BLVD. 8525 PINZ CAY 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME 🐃 🕶 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 one like empowered.

CITY-ST-7IP

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNAY OFFICER OR DIRECTOR

Jan 8, 2002 4188

FILED