

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N 01505**

1. Entity Name

YOUNG PATRONESSES OF THE OPERA, INC.

Principal Place of Business

1200 CORAL WAY

MIAMI, FLORIDA 33145-2980

Mailing Address

6820 TORDERA ST

CORAL GABLES, FL 33146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

592376906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAWN EURINGER

7. Name and Address of New Registered Agent

Name

LUCIE SPIELER

Street Address (P.O. Box Number is Not Acceptable)

6820 TORDERA ST

City

CORAL GABLES

FL

Zip Code

33146

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

LUCIE SPIELER, TREASURER

4-26-00

(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	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	JANICE F. RUSSELL	
STREET ADDRESS	9045 SW 58 AVE	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	AMY BLOCK	
STREET ADDRESS	2579 TRAPP AVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	RECORDING SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	MARIE ILENE WHITEHURST	
STREET ADDRESS	4809 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	CORRESPONDING SECRETARY	<input checked="" type="checkbox"/> Delete
NAME	ANA VARELA	
STREET ADDRESS	943 N VENETIAN WAY	
CITY-ST-ZIP	MIAMI, FL 33139	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	LUCIE SPIELER	
STREET ADDRESS	6820 TORDERA ST	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	FINANCIAL SECRETARY	<input type="checkbox"/> Delete
NAME	ELSPETH HOTCHKISS	
STREET ADDRESS	284 NE 96 ST	
CITY-ST-ZIP	MIAMI SHORES, FL 33138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY BLOCK	
STREET ADDRESS	2579 TRAPP AVE	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANETTE BROCKHOUSE	
STREET ADDRESS	8525 SW 96 ST	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	RECORDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIAN TOPP	
STREET ADDRESS	8777 COLLINS AVE, #304	
CITY-ST-ZIP	SURFSIDE, FL 33154	
TITLE	CORRESPONDING SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EILEEN PLASKY	
STREET ADDRESS	3485 N MOORINGS WAY	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCIE SPIELER, TREASURER 4-26-00

Date

Daytime Phone #

(305)

284-8040

CR2E037 (9/99)