

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90003 012 ****61.25

DOCUMENT # N01505

1. Entity Name

YOUNG PATRONESSES OF THE OPERA, INC.

Principal Place of Business

Mailing Address

**175 NW FIRST AVENUE
 11TH FLOOR
 MIAMI FL 33128**

**1200 CORAL WAY
 MIAMI FL 33145
 US**

972489



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 CORAL WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

4. FEI Number

59-2576906

Applied For

Not Applicable

Zip

33145

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EHRINGER, DAWN
 1200 CORAL WAY
 MIAMI FL 33145**

Name

CARLOS J. DEUPI

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

40 AKERMAN, CENTERFITT 1 ELDSON, P.A.

ONE S.E. THIRD AVE., 27TH FL.

City

MIAMI

FL

Zip Code

33131

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

[Signature of Carlos J. Deupi]

Carlos J. Deupi, Registered Agent 7/19/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BROCKHOUSE, DANETTE	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPIELER, LUCIE	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DEETS, OLIVIA	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HOTCHKISS, ELSPEETH	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WAMPLER, SUSAN	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARUSCH, JOANNA	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPIELER, LUCIE	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN WAMPLER	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	FINANCIAL SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEMARY SUAREZ	
STREET ADDRESS	1200 CORAL WAY	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	CORRESPONDING SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERINE MCGILVRAY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	RECORDING SECRETARY	<input checked="" 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 REQUIRED LUCIE SPIELER 7.17.02 305-284-8040

CR2E037 (4/02)