

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90049 033 ****70.00

DOCUMENT # 701583

1. Entity Name

SOUTH FLORIDA ART INSTITUTE OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

233 N FEDERAL HWY
 STE 45
 DANIA FL 33004

233 N FEDERAL HWY
 STE 45
 DANIA FL 33004-2840

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

59-0833294

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

7. Name and Address of New Registered Agent

PORTER, ELWIN G.
9718 NW 23RD CT
PEMBROKE PINES FL 33026

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	STEIN, ISABELLE	3400 NOTRH HILLS DRIVE	HOLLYWOOD FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
P	SANDERS, JO-ANN	5471 NE 21 TERRACE	FT LAUDERDALE FL 33308	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	OSTROV, LOIS	10140 W BAY HARBOR DR., #501	BAY HARBOR ISLANDS FL 33154	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PALEY, JUDY	5333 COLLINS AVE.	MIAMI BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	PORTER, ELWIN G.	2937 W. MISSIONWOOD CIR.	MIRAMAR FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *ELWIN G. PORTER* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**
 Date: *3/14/00* Daytime Phone #: *954 920 2961*

CR2E037 (9/99)