

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90062 002 \*\*\*\*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**

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

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  Delete  
 NAME **PD SANDERS, JO-ANN**  
 STREET ADDRESS **5471 NE 21 TERRACE**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V OSTROV, LOIS**  
 STREET ADDRESS **10140 W BAY HARBOR DR., #501**  
 CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PALEY, JUDY**  
 STREET ADDRESS **5333 COLLINS AVE.**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D PORTER, ELWIN G.**  
 STREET ADDRESS **2937 W. MISSIONWOOD CIR.**  
 CITY-ST-ZIP **MIRAMAR FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*ELWIN G. PORTER*  
 SIGNATURE REQUIRED **ELWIN G PORTER** 954-920-2961  
 1/22/02

CR2E037 (9/01)