


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90082 022 \*\*\*\*70.00

**DOCUMENT #**  
1. Entity Name  
*50. FLORIDA ART INSTITUTE*



**DO NOT WRITE IN THIS SPACE**

**94029129**

2. Principal Place of Business  
*233 N. FED. HWY.*  
Suite, Apt. #, etc. *45*

3. Mailing Address  
Suite, Apt. #, etc. *Same*

City & State *DANIA BEACH FLA.* City & State \_\_\_\_\_

Zip *33004* Country *BROWARD* Zip \_\_\_\_\_ Country \_\_\_\_\_

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**DO NOT WRITE IN THIS SPACE**

4. FEI Number \_\_\_\_\_ Applied For \_\_\_\_\_  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

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 *ELWIN PORTER DIRECTOR* DATE *3/10/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7. Name and Address of Current Registered Agent

Name *ELWIN PORTER*

Street Address (P.O. Box Number is Not Acceptable) *9320 S HOLLYBROOK LAKE DR. PEMBROKE PINES*

City *FLA.* Zip Code *FL 33025*

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE <i>PRES.</i> NAME <i>JO-ANN SANDERS</i> STREET ADDRESS <i>5471 NE 21 TERR.</i> CITY-ST-ZIP <i>FT LAUNDERDALE FLA. 33308</i>	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <i>Vice President</i> NAME <i>FLORENCE SADOWSKY</i> STREET ADDRESS <i>7435 VIALE CATERINA</i> CITY-ST-ZIP <i>DELRAY B. FL 33446</i>	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <i>PRES</i> NAME <i>JUDITH PALEY</i> STREET ADDRESS <i>290 BAL BAY DRIVE (APT 206)</i> CITY-ST-ZIP <i>BAL HARBOUR, FL 33154</i>	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE *Elwin Porter* **ELWIN PORTER DIR.** DATE *3/10/04* 954-9202961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)