


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90222 026 \*\*\*\*70.00

DOCUMENT # **701583**  
1. Entity Name  
**SOUTH FLA. ART INSITUTE OF HOLLYWOOD INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**233 N. FED. HWY**

3. Mailing Address  
**233 N. FED. HWY**

Suite, Apt. #, etc.  
**45**

City & State  
**DANIA FLA.**

City & State  
**DANIA FLA.**

Zip  
**33004**

Country  
**BROWARD**

Zip  
**33004**

Country  
**FLORIDA**

4. FEI Number

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**ELWIN G PORTER**

Street Address (P.O. Box Number is Not Acceptable)  
**233 N. FED. HWY**

City  
**DANIA FLA. FL**

Zip Code  
**33004**

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FEE IS \$61.25 Initial or Amended UBR**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD Jo-Ann Sanders 5471 N.E. 21, TERR. Ft. Lauderdale FL 33308</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD FLORENCE SADOWSKY 7435 VIALE CATERINA DELRAY BEACH FL 33446</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treas. JUDY PALEY 290 BAC BAY DR APT 206 BAL HARBOUR FL 33154</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE: **ELWIN PORTER** DIRECTOR **3/5/03**

CR2E037B (12/02)