# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 30, 2000 8:00 am**
**Secretary of State**
05-30-2000 90003 035 ****61.25

DOCUMENT # 707888

1. Entity Name

SOUTH FLORIDA YOUTH SYMPHONY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12645 SW 114 AVE<br>MIAMI FL 33176<br>US | P.O. ~~BOX~~ 40-2722<br>MIAMI ~~BEACH~~ FL 33140-0722 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 12645 SW 114 Ave<br>Suite, Apt. #, etc. |
| City & State | City & State: Miami FL |
| Zip / Country | Zip: 33176 / Country: US |

4. FEI Number: 59-6212162 ☐ 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 |
|---|---|
| JOVE, DAVID ESQ<br>1271-98 STREET<br>BAY HARBOR ISLAND FL 33154 | Name: Marjorie C Hahn<br>Street Address (P.O. Box Number is Not Acceptable): 12645 SW 114 Ave<br>City: Miami FL Zip Code: 33176 |

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: Marjorie Hahn MARJORIE HAHN MUSIC DIRECTOR 5/8/00
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 | VD<br>CLARK, JENNIFER A<br>713 NE 71 ST<br>MIAMI FL | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MARTIN, EMILY<br>20500 SW 198ST<br>MIAMI BEACH FL 33187 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>Emma Alvarez<br>7723 SW 91 Avenue<br>Miami FL 33173<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>GARMENDIA, TERRIE<br>1701 NE 115TH ST #11A<br>NORTH MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Terrie Garmendia<br>1701 NE 115 Street #11A<br>North Miami, FL 33181<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JOVE, DAVID<br>1271-98 STREET<br>BAY HARBOR ISLAND FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>William Page<br>6960 SW 66 St.<br>Miami FL 33143<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HENCINSKI, MARCIA<br>704 MINORCA<br>CORAL GABLES FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MARCIA HENCINSKI<br>704 MINORCA<br>CORAL GABLES, FL. (33134)<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LAING, VASHTI H<br>6441 NW 199 LANE<br>MIAMI FL 33015 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/99)

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:** William Page REQUIRED 5-8-00 305-270-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #