2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State
01-08-2003 90033 017 ****70.00

DOCUMENT # 707888

1. Entity Name
SOUTH FLORIDA YOUTH SYMPHONY, INC.

40002634

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
12645 SW 114 AVE MIAMI FL 33176 US	12645 SW 114 AVE MIAMI FL 33176

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 59-6212162 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAHN, MARJORIE
12645 SW 114 AVE
MIAMI FL 33176

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Marjorie Hahn 1/4/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT ALVAREZ, EMMA 7723 SW 91 AVE MIAMI FL 33173	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PHAM, HUNG 149 NE 104 ST MIAMI SHORES FL 33138	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FRAGA, RAQUEL 26521 SW 173 PL. HOMESTEAD FL 33031	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TEV LEFEBVRE, PATRICIA 590 CURTISS PKWY MIAMI SPRINGS FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEFEBVRE	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VT REAL, MARCO A 11301 SW 160 CT MIAMI FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS LAING, VASHTI H 6441 NW 199 LANE MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS HOWELL, LARRY W 18905 NW 39 PL OPA LOCKA FL 33055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS Howell, Martha 18905 NW 39 PL OPA LOCKA FL 33055	☑ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE Marjorie Hahn 1/4/03 305 238 2729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #