

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90382 003 ****70.00

DOCUMENT # 713084

1. Entity Name

ALLIED ARTS OF NORTH MIAMI INC.



Principal Place of Business

**311 NE 86TH STREET
MIAMI FL 33138
US**

Mailing Address

**311 NE 86TH STREET
MIAMI FL 33138
US**

2. Principal Place of Business

1655 NE 115th St.

3. Mailing Address

1655 NE 115th St.

Suite, Apt. #, etc.

#29-B

Suite, Apt. #, etc.

#29-B

City & State

Miami

City & State

Miami

Zip

33181

Country

USA

Zip

33181

Country

USA

4. FEI Number **59-6205874**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WATSON, BILL
311 NE 86TH STREET
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name **James J. Visnowski**

Street Address (P.O. Box Number is Not Acceptable)

1655 NE 115th St., #29-B

City

Miami

FL

Zip Code **33181**

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.

James J. Visnowski, Secretary

May 1, 2003

SIGNATURE *James J. Visnowski*

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NAZZARO, JOSEPH	
STREET ADDRESS	P.O. BOX 600971	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160-0971	
TITLE	V	<input type="checkbox"/> Delete
NAME	WATSON, WILLIAM	
STREET ADDRESS	311 NE 86 ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSENKOFF, FRED	
STREET ADDRESS	3675 N COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULLIGAN, KATHLEEN	
STREET ADDRESS	1355 NE 200 ST	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	PELLICANE, NORMA	
STREET ADDRESS	435 NW 129 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	S President.	<input type="checkbox"/> Delete
NAME	WALLACH, RITA	
STREET ADDRESS	11 SALAND AVE	
CITY-ST-ZIP	MIAMI FL 33139	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James J. Visnowski	
STREET ADDRESS	1655 NE 115th St., #29-B	
CITY-ST-ZIP	Miami, FL 33181	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Trussell	
STREET ADDRESS	1655 NE 115th St., #29-B	
CITY-ST-ZIP	Miami, FL 33181	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Duthie	
STREET ADDRESS	2750 NE 183rd St. #11912	
CITY-ST-ZIP	Aventura, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *James J. Visnowski* **SIGNATURE REQUIRED**

5/1/03

305-895-9210

CR2E037 (10/02)