

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 722564

1. Entity Name

CULTURAL ARTS SOCIETY OF SOUTH FLORIDA, INC.



Principal Place of Business

16585 NW 2ND AVE.
SUITE 100
MIAMI FL 33169

Mailing Address

P.O BOX 1
MIAMI FL 33153-0001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

23-7293621

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

FINE, JOEL T
16585 NW 2ND AVE., STE 100
MIAMI FL 33169

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

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
Due By May 1, 2004

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 PD
NAME MAY, LAURA ROSE ☐ Delete
STREET ADDRESS 16585 NW 2ND AVE., STE 100
CITY- ST- ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000075803
CITY- ST- ZIP 03/03/04-80067-001 70.00

TITLE SDT
NAME FINE, JOEL T ☐ Delete
STREET ADDRESS 16585 NW 2ND AVE., STE 100
CITY- ST- ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VPD
NAME HEADRICK, RON ☐ Delete
STREET ADDRESS 16585 NW 2ND AVE., STE 100
CITY- ST- ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ 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: JOEL T. FINE *[Signature]* 3/1/04 (305) 947-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #