

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

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90199 041 *****70.00

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1. Entity Name

ST. PETERSBURG INTERNATIONAL FOLK FAIR SOCIETY, INC.



Principal Place of Business

**330 FIFTH ST N
SAINT PETERSBURG FL 33701**

Mailing Address

**330 FIFTH ST N
SAINT PETERSBURG FL 33701**

2. Principal Place of Business

559 Mirror & Lake

3. Mailing Address

330 Fifth Street No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Shuffle Board Building

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33701

Country

Pinellas

Zip

33701

Country

Pinellas

4. FEI Number **59-1674088**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HASKEL, LOUIS
415 SOUTH SAN REMO AVENUE
S210
CLEARWATER FL 34616**

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

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 **D** ☐ Delete
NAME **SANTOS, ANNA**
STREET ADDRESS **3768 103RD AVE N**
CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **D** ☒ Delete
NAME **DOBBS, BOB**
STREET ADDRESS **7744 BRISTOL COURT**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE **T** ☐ Delete
NAME **YOUSEFANI, ABBAS**
STREET ADDRESS **6912 CIRCLE CREEK DR**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **P** ☐ Delete
NAME **BISHARA, MACARI**
STREET ADDRESS **2040 GULF BLVD**
CITY-ST-ZIP **BOYNTON BEACH FL 33786**

TITLE **SD** ☒ Delete
NAME **PORTER, CLIVE**
STREET ADDRESS **2797 CASILLA WAY SOUTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33712**

TITLE **D** ☒ Delete
NAME **EVANS, MOSES**
STREET ADDRESS **6013 113TH ST, APT 605**
CITY-ST-ZIP **SEMINOLE FL 33762**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **George White**
STREET ADDRESS **4511 67th Avenue North**
CITY-ST-ZIP **Pinellas Park, FL 33781**

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

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

TITLE ☐ Change ☒ Addition
NAME **Vice President**
STREET ADDRESS **Milan Pistolic**
CITY-ST-ZIP **8400 49th St. NO., APT 503**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Sara Sheepler**
CITY-ST-ZIP **1019 Jungle Ave., St. Pete, FL 33710**

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: **Macari M. Bishara, President**
MACARI M. BISHARA

5-50-05 (121) 353-1896

CR2E037 (10/02)