

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004348

1. Entity Name

INTERNATIONAL ARTS ENTERPRISES, INC.

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90066 029 ****61.25

Principal Place of Business 3900 CATHEDRAL AVENUE NW STE 613A WASHINGTON DC 20016 US	Mailing Address 8493 VIA REGINA Boca Raton FL 33433
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1920 SOUTH OCEAN DRIVE Suite, Apt. #, etc. 810
City & State	City & State FORT LAUDERDALE, FL
Zip	Zip 33316
Country	Country BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-1441521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BANNON, KATHLEEN 8493 VIA REGINA Boca Raton FL 33433	
7. Name and Address of New Registered Agent Name BANNON, KATHLEEN Street Address (P.O. Box Number is Not Acceptable) 1920 SOUTH OCEAN DRIVE STE 810 City FORT LAUDERDALE FL Zip Code 33316	

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 Kathleen A. Bannon EXECUTIVE DIRECTOR 1/14/02
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	PD PIERCE, MARGARET 3829 GARFIELD ST., N.W. WASHINGTON DC <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LLOYD, ISABELLE 32 RVE DV COMMANDANT ANDRE CANNES FRANCE ER <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD BANNON, KATHLEEN 8493 VIA REGINA Boca Raton FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MD BANNON, KATHLEEN 1920 SOUTH OCEAN DRIVE APT 810 FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathleen A. Bannon KATHLEEN BANNON 1/14/02 954/523-4619
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)