

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90096 046 \*\*\*\*61.25

**DOCUMENT # F94000004348**

1. Entity Name

**INTERNATIONAL ARTS ENTERPRISES, INC.**



Principal Place of Business

**3900 CATHEDRAL AVENUE NW  
STE 613A  
WASHINGTON DC 20016  
US**

Mailing Address

**1920 SOUTH OCEAN DRIVE  
810  
FORT LAUDERDALE FL 33316**

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 **52-1441521**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BANNON, KATHLEEN  
1920 SOUTH OCEAN DRIVE #810  
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

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

**1920 SOUTH OCEAN DRIVE #810**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
NAME **PIERCE, MARGARET**  
STREET ADDRESS **3829 GARFIELD ST., N.W.**  
CITY-ST-ZIP **WASHINGTON DC**

☐ Delete

TITLE **SD**  
NAME **LLOYD, ISABELLE**  
STREET ADDRESS **32 RUE DV COMMANDANT ANDRE**  
CITY-ST-ZIP **GANNES FRANCE-ER**

☐ Delete

TITLE **MD**  
NAME **BANNON, KATHLEEN**  
STREET ADDRESS **1920 SOUTH OCEAN DRIVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

**127 CHEMIN DE LA COLLE ET DEVINSON  
VALBONNE 06560, FRANCE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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**

**1/7/03**

**9501523-4019**

CR2E037 (10/02)