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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H88201

1. Corporation Name

THE UNIVERSITY CENTER FOR PERFORMING ARTS, INC.



Principal Place of Business

2240 S.W. 70TH AVE.
UNIT A.
DAVIE FL 33317

Mailing Address

2240 S.W. 70TH AVE.
UNIT A.
DAVIE FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1985

4. FEI Number

59-2644596

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

RASSLER, KAREN RODENSKY
UNIVERSITY CENTER FOR PERFORMING ARTS
2240 S.W. 70TH AVE. UNIT A
DAVIE FL 33317

10. Name and Address of New Registered Agent

81 Name

LAURA A. BURNETT

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

UNIVERSITY CENTER FOR PERFORMING ARTS
2240 S.W. 70TH AVE, UNIT A

84 City

DAVIE

FL

85 Zip Code

33317

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Laura A. Burnett PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PIANELLI, GILDA
STREET ADDRESS 2240 SOUTHWEST 70TH AVE
CITY-ST-ZIP DAVIE FL ☒ DELETE

TITLE DV
NAME RODENSKY, DEBRA
STREET ADDRESS 2240 SOUTHWEST 70TH AVE
CITY-ST-ZIP DAVIE FL ☒ DELETE

TITLE DST
NAME RASSLER, KAREN RODENSKY
STREET ADDRESS 2240 SOUTHWEST 70 AVE.
CITY-ST-ZIP DAVIE FL ☒ DELETE

TITLE D
NAME SLOAN, BARBARA
STREET ADDRESS 2240 SOUTHWEST 70 AVE.
CITY-ST-ZIP DAVIE FL ☐ DELETE

TITLE ~~DP~~
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME LAURA BURNETT
1.3 STREET ADDRESS 2240 S.W. 70TH AVE
1.4 CITY-ST-ZIP DAVIE, FL ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

DATE

951) 475-3000

Daytime Phone #

CR2E034 (11/98)