

2001 UNIFORM BUSINESS REPORT (UBR)

1/19/01-5

FILED
Feb 06, 2001 8:00 am
Secretary of State

01-19-2001 90031 038 ****61.25

DOCUMENT # N00000004826

1. Entity Name

COMMUNITY PERFORMING ARTS FOUNDATION CORP.

Principal Place of Business

3300 W. 84 ST., STE. 19
 HIALEAH FL 33018

Mailing Address

3300 W. 84 ST., STE. 19
 HIALEAH FL 33018

2. Principal Place of Business

2800 W 84 St.

3. Mailing Address

2800 W 84 St.

Suite, Apt. #, etc.

Suite 3

Suite, Apt. #, etc.

Suite 3

City & State

Hialeah, FL

City & State

Hialeah, FL

Zip

33018

Country

USA

Zip

33018

Country

USA

4. FEI Number

65-1026594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GALGUERA, AMPARO I
 9077 NW 120 TERR.
 HIALEAH GARDENS FL 33018

7. Name and Address of New Registered Agent

Name **IRENE RIMER**

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

2800 W 84 street

Suite 3

City **Hialeah,**

FL

Zip Code

33014

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

[Signature] **IRENE RIMER** 1/31/01
[Signature] **AMPARO I. GALGUERA** 1/10/01

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

(NOTE: Registered Agent signature required when re-registering)

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

TITLE **D** ☐ Delete
 NAME **RIMER, IRENE**
 STREET ADDRESS **2800 W 84 ST., STE. 3**
 CITY-ST-ZIP **HIALEAH FL 33018**

TITLE **D** ☒ Delete
 NAME **GALGUERA, AMPARO I**
 STREET ADDRESS **9077 NW 120 TERR.**
 CITY-ST-ZIP **HIALEAH GARDENS FL 33018**

TITLE **D** ☐ Delete
 NAME **RIMER, DEBORAH**
 STREET ADDRESS **1870 W. 84 ST.**
 CITY-ST-ZIP **HIALEAH FL 33014**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☒ Addition
 NAME **JAIME RIMER**
 STREET ADDRESS **2800 W 84 street #3**
 CITY-ST-ZIP **HIALEAH, FL 33018**

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

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

TITLE ☐ Change ☐ Addition
 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:

[Signature] **IRENE RIMER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/01 (305) 828-3424

CR2E037 (10/00)