

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004826

1. Entity Name

COMMUNITY PERFORMING ARTS FOUNDATION CORP.

FILED

Feb 26, 2002 8:00 am  
Secretary of State

02-26-2002 90114 043 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2800 W 84ST  
SUITE 3  
HIALEAH FL 33018

2800 W 84ST  
SUITE 3  
HIALEAH FL 33018

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 65-1026594

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIMER, IRENE  
2800 W 84 STREET  
SUITE 3  
HIALEAH FL 33014

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D  
NAME MARIA G. MARTIN ☐ Change ☒ Addition  
STREET ADDRESS 5911 W 16 Lane  
CITY-ST-ZIP Hialeah, FL 33012

TITLE D  
NAME RIMER, JAIME ☒ Delete  
STREET ADDRESS 2800 W 84 STREET  
CITY-ST-ZIP HIALEAH FL 33018

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

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

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

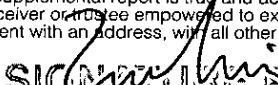
TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/2 (305) 823-1180

CR2E037 (9/01)

1270