FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91201 033 ****61.25

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

DOCUMENT # N00000004826

20032134

1. Entity Name
COMMUNITY PERFORMING ARTS FOUNDATION CORP.

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
2800 W 84 St	2800 W 84 St
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: Hialeah, FL	City & State: Hialeah, FL
Zip: 33018 Country: USA	Zip: 33018 Country: USA

☐ CHECK HERE IF MAKING CHANGES

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: IRENE ALBERT Street Address (P.O. Box Number Is Not Acceptable): 2800 W 84 St Suite 1 City: Hialeah FL Zip Code: 33018

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] DATE: 4/17/3
Signature, typed or printed name of registered agent if applicable (NOTE: Registered Agent signature required when changing)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIMER, IRENE 2800 W 84 ST., STE. 3 HIALEAH, FL 33018	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P/T/S IRENE ALBERT 2800 W 84 St Suite 1. Hialeah, FL 33018	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, MARIA G 6911 W 16 LANE HIALEAH, FL 33012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIMER, DEBORAH 1970 W. 84 ST. HIALEAH, FL 33014	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MICHAEL G. ALBERT 2800 W 84 St Suite 1 Hialeah, FL 33018	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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] 4/17/3 (305) 823-1180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #