

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0100003558

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: LEADING WOMENS REPORATORY THEATRE OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

1304 SW 160TH AVE., SUITE 629
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

1304 SW 160TH AVE., SUITE 629
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 65-1110251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, RICHELLE
290 174TH ST., #2109
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

COLLINS, RICHELLE
1304 SW 160TH AVE # 629
SUNRISE, FL 33326 US

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: RICHELLE COLLINS

04/30/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLINS, LEE ANTHONY
Address: 1304 SW 160TH AVE., STE. 629
City-St-Zip: NORTH MIAMI, FL 33326

Title: TD () Delete
Name: DAVIS, ELVIRA
Address: 4240 NW 178TH TERRACE
City-St-Zip: MIAMI, FL 33055

Title: SD () Delete
Name: ABRAHAM, SARAH
Address: 1311 NE 149TH STREET
City-St-Zip: N. MIAMI BEACH, FL 33131

Title: D () Delete
Name: COLEBROOK, DYATHA
Address: 4220 NW 173RD DRIVE
City-St-Zip: MIAMI BEACH, FL 33055

Title: D () Delete
Name: SCOTT, TANGIER EDD
Address: 5277 NW 190TH LANE
City-St-Zip: MIAMI, FL 33055

Title: D () Delete
Name: SEWARD, CHARLOTTE
Address: 5291 KAPOT TERRACE
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE COLLINS

PD

04/30/2002

Electronic Signature of Signing Officer or Director

Date