

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

06-16-2005 90006 001 ****61.25
06-16-2005 90006 002 *****8.75
06-16-2005 90006 003 *****5.00

66061000




08182005 Chg-NP CR2E037 (10/03)

DOCUMENT # N02000003716 1. Entity Name THE DRAMA ART CENTER INTERNATIONAL, INC.					
Principal Place of Business 11631 NW 7TH AVE MIAMI, FL 33168			Mailing Address 11631 NW 7TH AVE MIAMI, FL 33168		
2. Principal Place of Business SAME		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANTOINE-CHAPIESKY, LISNA 12555 NW 1 AVE MIAMI, FL 33168			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Lisa Antoine Chapiesky</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>09-08-05</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOINE-CHAPIESKY, LISNA		NAME		
STREET ADDRESS	1305 NW 203 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOINE, YOLETTE		NAME		
STREET ADDRESS	3357 SW 175 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, DEIDRE		NAME		
STREET ADDRESS	5750 COLLINS AVE 3B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOINE, JEANNEATTE		NAME		
STREET ADDRESS	1305 NW 203 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GABRIEL, MARIE ROSE A		NAME		
STREET ADDRESS	11631 NW 7TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, LAVERNE		NAME		
STREET ADDRESS	11633 NW 7 AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33168		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: <i>Lisa Antoine Chapiesky</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>09-08-05</i> Daytime Phone # <i>786-213-7324</i>		

ATTACHMENT

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

6/16/2005-90006-001-\$61.25-\$61.25 *
6/16/2005-90006-002-\$8.75-\$8.75 *
6/16/2005-90006-003-\$5.00-\$5.00

DOCUMENT # N02000003716			
1. Entity Name THE DRAMA ART CENTER INTERNATIONAL, INC.			
Principal Place of Business 11631 NW 7TH AVE MIAMI, FL 33168		Mailing Address 11631 NW 7TH AVE MIAMI, FL 33168	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03232005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent ANTOINE-CHAPIESKY, LISNA 12555 NW 1 AVE MIAMI, FL 33168		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Lisna Antoine-Chapiesky</i> <i>PD, LISNA A. CHAPIESKY - 25-05</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$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	VD ANTOINE-CHAPIESKY, LISNA 1305 NW 203 ST MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANTOINE-CHAPIESKY, LISNA 12555 NW 1 AVE MIAMI, FL 33168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD ANTOINE, YOLETTE 3367 SW 175 AVE MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WASHINGTON, DEIDRE 5750 COLLINS AVE 3B MIAMI BEACH, FL 33140 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANTOINE, JEANNEATTE 1305 NW 203 ST MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GABRIEL, MARIE ROSE A 11631 NW 7TH AVE MIAMI, FL 33168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLAN, LAVERNE 11633 NW 7 AVE MIAMI, FL 33168 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Lisna Antoine-Chapiesky PD</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3/25/04</i> Daytime Phone #	



ATTACHMENT

66027038

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 14, 2004

THE DRAMA ART CENTER INTERNATIONAL, INC.
11631 NW 7TH AVE
MIAMI, FL 33168

Re: Document Number N02000003716

This will acknowledge the reinstatement for THE DRAMA ART CENTER INTERNATIONAL, INC., a Florida corporation, which was filed on June 10, 2004.

Enclosed please find the certification requested.

Should you have any questions regarding this matter, please telephone (850) 245-6059, the Reinstatement Section.

Ruby Dunlap
Document Specialist
Division of Corporations

Letter Number: 304A00039907

ATTACHMENT
666027038
State of Florida



Department of State

I certify from the records of this office that THE DRAMA ART CENTER INTERNATIONAL, INC. is a corporation organized under the laws of the State of Florida, filed on May 16, 2002.

The document number of this corporation is N02000003716.

I further certify that said corporation has paid all fees due this office through December 31, 2004, that its most recent annual report/uniform business report was filed on June 10, 2004, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fourteenth day of June, 2004



CR2EO22 (2-03)

Glenda E. Hood

Glenda E. Hood
Secretary of State

ATTACHMENT

66027638
Florida Department of State, Division of Corporations

www.sunbiz.org

Public Inquiry

Florida Non Profit

THE DRAMA ART CENTER INTERNATIONAL, INC.

PRINCIPAL ADDRESS

11631 NW 7TH AVE
MIAMI FL 33168

MAILING ADDRESS

11631 NW 7TH AVE
MIAMI FL 33168

Document Number
N02000003716

State
FL

FEI Number
APPLIED

Status
ACTIVE

Date Filed
05/16/2002

Effective Date
NONE

Last Event
AMENDMENT

Event Date Filed
01/07/2005

Event Effective Date
NONE

Registered Agent

Name & Address
ANTOINE-CHAPIESKY, LISNA 12555 NW 1 AVE MIAMI FL 33168
Address Changed: 06/10/2004

Officer/Director Detail

Name & Address	Title
ANTOINE-CHAPIESKY, LISNA 1305 NW 203 ST MIAMI FL 33169	VD
ANTOINE, YOLETTE 3357 SW 175 AVE MIRAMAR FL 33029	MD
WASHINGTON, DEIDRE 5750 COLLINS AVE 3B	SD

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1102000003716

MIAMI BEACH FL 33140	
ANTOINE, JEANNEATTE 1305 NW 203 ST MIAMI FL 33169	T
GABRIEL, MARIE A 11631 NW 7TH AVE MIAMI FL 33168	PD
KAPLAN, LAVERNE 11633 NW 7 AVE MIAMI FL 33168	D

Annual Reports

Report Year	Filed Date
2003	06/10/2004
2004	06/10/2004

[Previous Filing](#)[Return to List](#)[Next Filing](#)[View Events](#)

No Name History Information

Document Images

Listed below are the images available for this filing.

01/07/2005 -- Amendment
06/10/2004 -- REINSTATEMENT
05/16/2002 -- Domestic Non-Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT[Corporations Inquiry](#)[Corporations Help](#)

0602706
Florida Department of State, Division of Corporations

www.sunbiz.org

Public Inquiry

THE DRAMA ART CENTER INTERNATIONAL, INC.

Document Number
NO2000003716

Date Filed
05/16/2002

Effective Date
None

Status
Active

EVENT TYPE	FILED DATE	EFFECTIVE DATE	DESCRIPTION
AMENDMENT	01/07/2005		
REINSTATEMENT	06/10/2004		
ADMIN DISSOLUTION FOR ANNUAL REPORT	09/19/2003		

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry

Corporations Help



ATTACHMENT

66027638

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 14, 2004

THE DRAMA ART CENTER INTERNATIONAL, INC.
11631 NW 7TH AVE
MIAMI, FL 33168

Re: Document Number N02000003716

This will acknowledge the reinstatement for THE DRAMA ART CENTER INTERNATIONAL, INC., a Florida corporation, which was filed on June 10, 2004.

Enclosed please find the certification requested.

Should you have any questions regarding this matter, please telephone (850) 245-6059, the Reinstatement Section.

Ruby Dunlap
Document Specialist
Division of Corporations

Letter Number: 304A00039907



ATTACHMENT

66 02 7038

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

June 17, 2005

THE DRAMA ART CENTER INTERNATIONAL, INC.
11631 NW 7TH AVE
MIAMI, FL 33168

Subject: THE DRAMA ART CENTER INTERNATIONAL, INC.

Reference Number: N02000003716

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$75.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MG
ANNUAL REPORTS SECTION